

Tapuika Enrolment Register

APPLICANT DETAILS

(Select applicable title) Mr Mrs Ms Miss Master

Surname:.....

Maiden Name:

First Name/s:

Date of Birth (dd/mm/yyyy) Male Female (select one)

Address:.....

Postal:.....

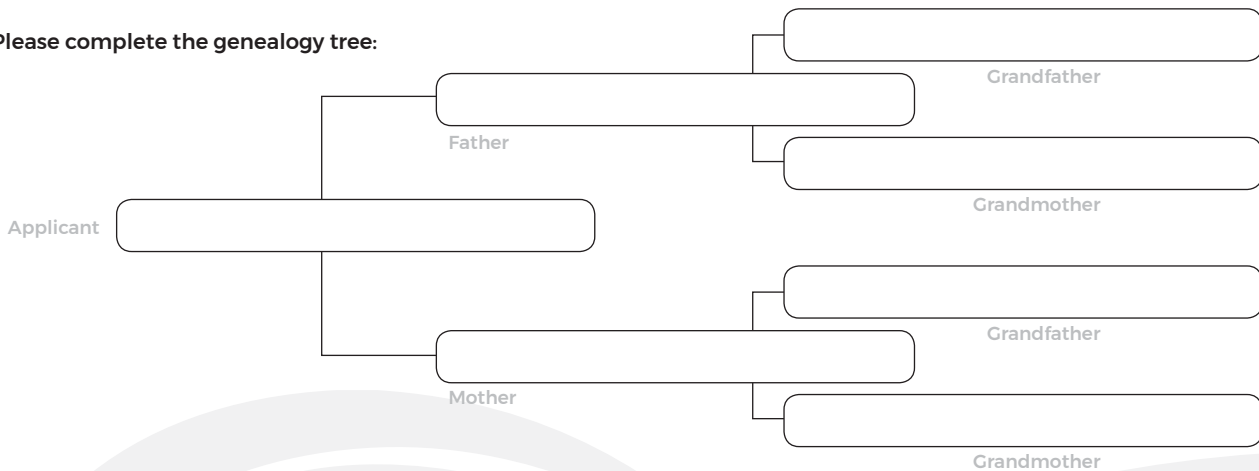
Email:.....

Phone (home) (work) (mobile)

WHAKAPAPA - To be completed by those applicants of Tapuika descent

(Select hapu as applicable) Tuheke Moko Marukukere Kuri Unknown

Please complete the genealogy tree:



WHAKAPAPA - To be completed by those applicants **NOT** of Tapuika descent

(Select relationship as applicable) Whangai Spouse Partner

Please list your Iwi:

.....
.....

I confirm the information given in this form is true and accurate and that I have read the Privacy Act Disclaimer over the page.

SIGNED:

Please tick if including dependant/s over page

Tick here if you wish to receive private notices relating to special resolutions and postal ballot papers so that you may vote on elections, constitutional amendments, conversion or disposal of settlement quota. Voting is open to all adult members. The notice will be sent to the preferred email or postal address provided on this form.

ALL COMPLETED FORMS SHOULD BE RETURNED TO:

The Registrar, Tapuika Iwi Authority, PO Box 15, Te Puke, New Zealand

or via email: info@tapuika.iwi.nz

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CHILDREN/DEPENDANTS - Only include those children under the age of 18 years

Name	Gender	Date of Birth	Other Parent	Whangai Yes No
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Name	Gender	Date of Birth	Other Parent	Whangai Yes No
Name	Gender	Date of Birth	Other Parent	Whangai Yes No
Name	Gender	Date of Birth	Other Parent	Whangai Yes No
Name	Gender	Date of Birth	Other Parent	Whangai Yes No

PRIVACY ACT DISCLAIMER

This form is for registration as a member of both Tapuika Iwi Authority and Tapuika Fisheries Trust and is subject to the Privacy Act. Any personal information provided will only be disclosed for the purpose of Treaty settlement negotiations, Fisheries and communication on Iwi matters.

-----OFFICE USE ONLY-----

Date Received: Date Verified: Kaumatua:

