



Te Runanga O Ngati Whare Iwi Trust Beneficiary Registration Form

Postal Address
PO Box 162
Murupara 3025

Phone (07) 3665-690
Fax (07) 3665-692

Email: ngatiwhare.murupara@xtra.co.nz

Kereru: Te Whaiti Nui A Toi

APPLICANT DETAILS

Title: Mr Mrs Miss Ms Master

Surname: _____

Maiden Name: _____

Given (First) Name(s): _____

Name(s) also known as – “nickname”: _____

Date of Birth (DOB): ____/____/____
(Day) (Month) (Year)

Gender: Male Female

Physical Address: _____ Postal Address: If different to physical address _____

_____ Area/post code _____

Home ph no: STD () _____ Mobile ph no: _____

Work Ph no: STD () _____ Email:

Fax no: STD () _____ Occupation: _____

Other Iwi Affiliations: _____

BIRTH CHILDREN (Aged 18 years and over should fill out their own form)

Full Name:	DOB:	Gender:
_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>
_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>
_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>
_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>
_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>
_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>

