

TE RUNANGA O NGATI KUIA



PO Box 968, Nelson Ph 0800 NGATI KUIA (0800 642 8458) Email tari@ngatikuia.iwi.nz

APPLICATION FOR REGISTRATION

NAME	Mr/Mrs/Miss/Ms/Dr _____		
	First Name (s) _____	Surname _____	
ADDRESS	_____		
	Number _____	Street/Road _____	Suburb _____
	Town _____	Postcode _____	Country _____
TELEPHONE	_____		
	Home _____	Work _____	Mobile _____
BIRTH DATE	_____	EMAIL	_____
NGATI KUIA TUPUNA	_____		

EDUCATION	Secondary _____	Tertiary _____	Trade _____
	Details _____		
OCCUPATION	_____		

DECLARATION

I acknowledge that the information provided in this form is subject to the Privacy Act 1993; and that by signing this form, I agree that Te Rūnanga o Ngati Kua Trust and subsidiaries may use this information:

*To maintain the Iwi Register /Database and Voting Roll
For verification to the Office of Treaty Settlements for Ngati Kua Historical Claims
For verification to Te Ohu Kaimoana for Ngati Kua Fisheries Settlement
And any other purpose Te Rūnanga o Ngati Kua Trust considers reasonable*

I also wish to receive private notice relating to general hui and postal ballot papers so that I may vote on elections, constitutional amendments, conversion or disposal of settlement quota and such when required. The notice and ballot papers will be sent to the address provided on this form.

SIGNATURE _____
(Parent or Guardian signature required if under 18 years)

DATE _____

Office use only
Received _____

Entered By: _____

Verification by: _____

WHAKAPAPA

Mother

Maternal Grandmother

Maternal Great-Grandmother

F

M

Maternal Great- Grandfather

F

M

Maternal Grandfather

Maternal Great-Grandmother

F

M

Maternal Great- Grandfather

F

M

Father

Paternal Grandmother

Paternal Great - Grandmother

F

M

Paternal Great - Grandfather

F

M

Paternal Grandfather

Paternal Great - Grandmother

F

M

Paternal Great - Grandfather

F

M