

Ngati Kahu ki Whangaroa Iwi Registration Form

Please return completed and signed form to	o: Iwi Registrations Kahukuraariki Trust Board PO Box 788 Kerikeri 0245
Or email to:	register@kahukuraariki.iwi.nz
WHO CAN REGISTER?	WHY REGISTER?
 To be eligible to register you must be a descendant of Kahukuraariki, and Affiliate to any of the Marae or Hapū within the Kahukuraariki Rohe 	 To be notified of important issues To access information To be able to vote on important issues (must be 18+ years).
First Name:	
Middle Name(s):	
Surname:	
Maiden (Pre-married) Name:	
Gender:	
O Female	
O Male	
O Prefer not to say	
Other	

Date of Birth:



Address:					
	Country: Postcode:				
1 112					
Landline:					
Mobile:					
Email:					
Elliali.					
Marae Affiliation: (For voting purposes, please select <u>ONE</u> marae only)					
○ Mangatowai					
Otangaroa					
_					
O Taemaro					
O Taupo					
O Te Komanga					
O Waihapa					
O Waimahana					
Waitaruke					
Family Affiliation: (Plea	ase enter <u>ONLY</u> the parents & tūpuna <u>who affiliate to Kahukuraariki)</u>				
Mother:	<u> </u>				
wouler.					
Father:					
Grandmother:					
Grandinother.					
Grandfather:					
Great-Grandmother:					
S. Cat Grandmother.					
Great-Grandfather:					



Tamariki: (Please list your children's full names and dates of birth)

	FIRST NAME	MIDDLE NAME(S)	SURNAME	DATE OF BIRTH
1				(/)
2				(/)
3				(/)
4				(/)
5				(/)
6				(/)
7				(/)
8			-	(/)
9			-	(/)
10				(/)
The above in	·	ttach a separate page for addition I correct to the best of my know		
	information under th	e terms of the Privacy Act 2020		
Signature:				Dated://