



NGĀTI WHĀTUA ŌRĀKEI
TRUST

REGISTRATION

Application for inclusion on the roll of hapū members,
for the purpose of compiling the roll of electors.
Applicants must be 18 years of age or older.

PERSONAL DETAILS

Title: Mr / Mrs / Miss (Please circle)

Surname: _____ First Name/s: _____

Gender: Male Female (please circle) Date of Birth: / /

Are you known by another name? If yes please state.

Home Address: _____

Number

Street

Suburb

Town/City

Post Code

Postal Address (if different to above): _____

Phone: _____ Work: _____

Mobile: _____ Email: _____

MARAE

Please indicate which marae you identify with (there may be more than one)

DECLARATION

I declare that the information I have provided is true and correct.

Signed: _____ Date: _____

ALL COMPLETED FORMS SHOULD BE SENT TO:

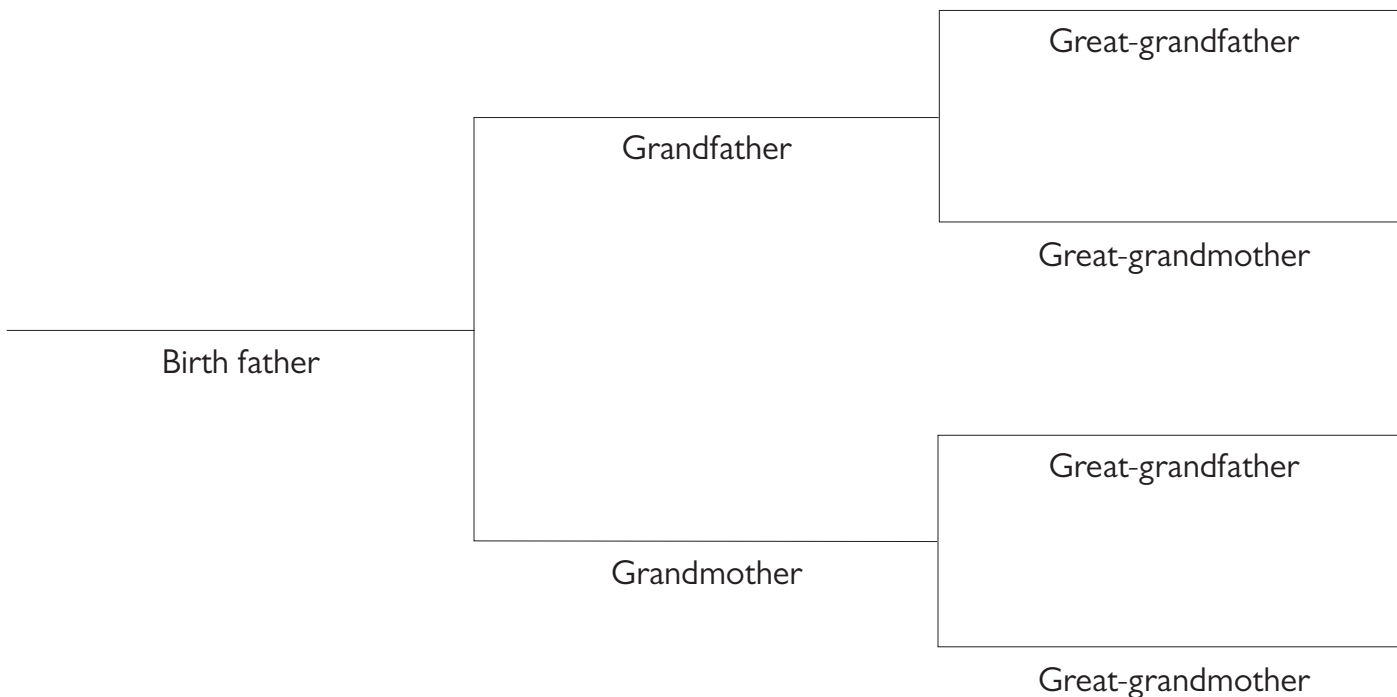
The Registrar, Ngāti Whātua Ōrākei Trust, PO Box 42 045, Ōrākei Auckland, New Zealand.



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WHAKAPAPA

Please write the names of those of Ngāti Whātua Ōrākei descent where appropriate.
The members of the Hapu, being the descendents of their common ancestor Tuperiri.



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