

## REGISTRATION APPLICATION

Applicant Details Registration Number: .....  
(Office Use Only)

Last Name:..... Maiden Name:.....

First Names:..... Date of Birth:.....

Address:..... Occupation:.....

..... Spouse Name:.....

..... Number of Children (Incl 18+):.....

Email: ..... Whangai: YES (Please circle if whangai)

### WHANAU REGISTRATION DETAILS

(All whanau members over the age of 18 years must fill in a separate registration application form)

First Name	Last Name	Date of Birth	M/F	Relationship to Applicant

#### **The Privacy Act 1993 and your Registration**

The information that you supply on to the Ngāti Mutunga o Wharekauri Iwi Trust will be held by the Iwi Trust, certain working parties of the Iwi Trust or their successors. The information will be held on the Ngāti Mutunga o Wharekauri Iwi Trust Register under rules of access. No information will be disclosed to third parties without your authorization, except as required by law. You have a right to view your personal information held by the Iwi Trust. This will occur in the presence of a Ngāti Mutunga o Wharekauri Iwi Trust nominated representative and you may request correction if necessary. The Iwi Trust will take necessary means to contact you to update your file, particularly around contact details. That contact may include requests to the broader beneficiary whānau to seek address and phone contacts updates.

#### **DECLARATION**

**I, hereby declare that the information in this application is true and correct and for the purpose of identity and age, a copy of my birth certificate / drivers licence / passport / other form of identity is attached.**

Signature: ..... Dated: .....

Please complete this form and post to the address below, or email to iwitrust@nmow.co.nz or complete online at www.nmow.co.nz.

The Registrar  
 Ngati Mutunga O Wharekauri Iwi Trust  
 PO Box 50  
 Wharekauri (Chatham Islands) 8030

# Ngati Mutunga O Wharekauri Whakapapa

Your Primary Marae

Your Hapu

Tipuna o Wharekauri

