



TE POARI MATUA O RAUKAWA
RAUKAWA SETTLEMENT TRUST

Registration Number: _____

TRIBAL REGISTER

26-32 Campbell Street
Private Bag 8
TOKOROA

APPLICATION FOR REGISTRATION
If any section is left blank registration will not be accepted

Phone: 07 885 0260
Fax: 07 885 0261

*First Names:			
Preferred Name:			
*Surname:			
Maiden name:			
Other names/ Surnames:			
Gender:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
*Birth Date:			
Email Address:			
*Postal Address:			
Suburb:		*City:	
Post Code:		Home Phone:	
Mobile Number:		Work Phone:	
Silent Notice:	If you do not wish to receive pānui/mailings from Raukawa Settlement Trust please tick here:		
	No E-Mail: <input type="checkbox"/>	No postal mailings: <input type="checkbox"/>	
Correspondence:	Please indicate your preferred form of communication from the Raukawa Settlement Trust:		
	E-Mail: <input type="checkbox"/> Postal mailings: <input type="checkbox"/> Other: <input type="checkbox"/> (List)		

WHAKAPAPA DETAILS COMPULSORY: Complete the section for RAUKAWA AFFILIATION only:
(Please complete information for both parents.)

PRIMARY MARAE	Please indicate your MAIN/PRIMARY marae.		
Main/Primary Marae:		Main/Primary Hapū:	
*Name of father:		Birth date of father:	
*Name of mother:		Birth date of mother:	
Privacy:	Privacy of information is important. If you do not wish your information to be publicly available please tick here:		<input type="checkbox"/>

*** Compulsory Fields**

DECLARATION:

I declare that the information given in this application is true and correct. Pursuant to the Privacy Act 1993, I understand this information will be held and used by the Raukawa Settlement Trust for purposes benefiting the Raukawa tribe, and I have the right to view and correct my information at any time.

SIGNATURE:..... **DATE:**...../...../.....

(Parents or Guardians may sign this application on behalf of minors. A separate form must be completed for all applicants including minors)

OFFICE USE ONLY

As the **Marae / Hapū / Board Member** representing the Rohe of the applicant, I confirm that the above named is a beneficiary of the Rohe and endorse Inclusion On to the Raukawa Settlement Trust Register of Beneficiaries

SIGNATURE: **DATE:**

Date Received:/...../..... Initial.....

Date Entered:/...../..... Initial.....