

RAUKAWA TRUST BOARD
Private Bag 8
TOKOROA 2392.

ID Number
Office Use Only

To be eligible you must:
Be a descendant of Raukawa (able to demonstrate your whakapapa to Raukawa)
Sign the Declaration section of this Application Form.
Complete a separate form for each application.

PERSONAL DETAILS

| | | | |
|----------------------------|-----|----------------|--------|
| Surname | | | |
| First name/s | | | |
| Maiden name(if applicable) | | | |
| Gender (please circle) | | MALE | FEMALE |
| Date of birth | | Place of birth | |
| Postal address | | | |
| Contact number | Day | Night | |
| Skills | | | |
| Occupation | | | |
| Email Address | | | |

DEPENDANTS DETAILS (List all dependants below 18 years of age. Your children who are 18 years of age and over, must each fill out and sign a separate form)

| Name | Gender (please circle) | Date of birth |
|------|------------------------|---------------|
| | Male / Female | |
| | Male / Female | |
| | Male / Female | |
| | Male / Female | |
| | Male / Female | |
| | Male / Female | |
| | Male / Female | |

WHAKAPAPA DETAILS (Please indicate only the line/s through which you affiliate to Raukawa and complete the attached Whakapapa sheet)

| | | |
|----------------|---------------|--|
| Name of father | lwi of father | |
| Marae | Hapu | |
| Name of mother | lwi of mother | |
| Marae | Hapu | |

DECLARATION

I declare that the information I have supplied is true and correct. I consent to any information I have supplied in my application, being used at the discretion of the Raukawa Trust Board for statistical and informative purposes.

SIGNATURE: _____ DATE ____/____/____

OFFICE USE ONLY
 As the Board Member representing the Rohe of the applicant, I confirm that the above named, is a beneficiary of the Rohe and endorse Inclusion Onto Raukawa Tribal Register of Beneficiaries.

SIGNATURE: _____ DATE ____/____/____



Tribal Register

Version 4, Approved by Manager 26/06/06
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| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Great grandmother Great grandfather Great grandmother Great grandfather Great grandmother Great grandfather Great grandmother Great grandfather

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Grand mother

Grand father

Grand mother

Grand father

Father

Mother

Applicant

Marae Kaumatua verification _____