



URI REGISTRATION FORM

Last Name: Maiden Name:
(if applicable)

Christian Names:

Address: Birth Date:/...../..... M/F *(delete one)*

..... Phone:

..... Occupation:

Email: Qualifications:

(send us a message so that we can record the address correctly)

Institute:

Spouse/Partner Details:

Last Name: Maiden Name:
(if applicable)

Christian Names: Birth Date:/...../..... M/F *(delete one)*

Iwi Affiliation:

Children

1] Birth Date:/...../..... M/F *(delete one)*

2] Birth Date:/...../..... M/F *(delete one)*

3] Birth Date:/...../..... M/F *(delete one)*

4] Birth Date:/...../..... M/F *(delete one)*

5] Birth Date:/...../..... M/F *(delete one)*

Private Notice Option: Tick this box if you wish to receive private notice relating to general meetings and postal ballot papers so that you may vote on elections, constitutional amendments, conversion or disposal of settlement quota. The notice will be sent to the address provided on this form.

Privacy: Ngaitai Iwi Authority will, in accordance with the provisions of the privacy Act 1993, make available to you upon request the personal information it holds about you and will make any appropriate corrections to that information to ensure that the information held is accurate.

I declare that the information given in this application is true and correct and is to be used only for the benefit of Ngaitai and for the benefit of Ngaitai people, and is to be used for no other reason.

Signature Date:/...../.....
(Applicant)

Register Confirmation:

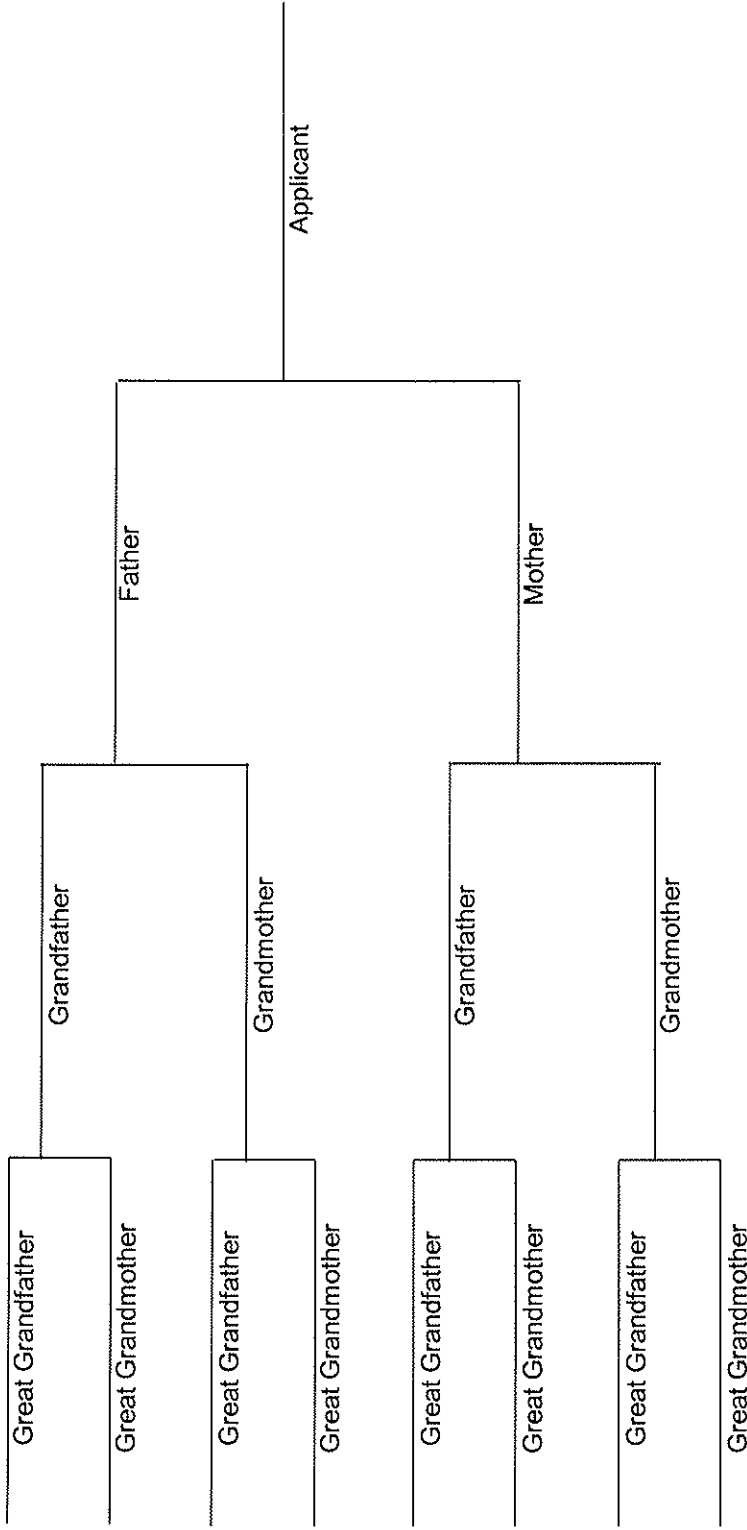
I recommend that the above named person be entered on the Ngaitai Iwi Register and hereby endorse the application.

Endorsed by: Position:

Signature: Date:/...../.....

WHAKAPAPA

(At least three generations of whakapapa from the applicant is required for registration on te Ngaitai Iwi Register)



Please return completed Forms to:

The Secretary
Ngaitai Iwi Authority
PO Box 147
OPOTIKI
Phone: 07 315 8485
Email: bot@ngaitai.iwi.nz