

## CONTACT DETAILS FORM FOR BENEFICIAL OWNERS

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

In providing the above information to the Ngāti Te Whiti Whenua Tōpu Trust I agree to this information being used by the Trust to contact me, to provide me with information about the Trust, and to allow me to participate in elections or hui or other trust activities. You have rights under the Privacy Act 1993 to see and correct your personal information, by contacting the office. Your personal information will be held securely.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_