

NGATI TE WHITI

Whenua Topu Trust

131 South Rd, Spotswood
PO Box 681 Taranaki Mail Centre, New Plymouth 4310
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Ph: 06 751 2001

Registration Form: Please complete all entries on this form.

Name:

First/Given Names

Surname/Whanau name

Postal Address

Phone Number

(Landline) _____

(Mobile) _____

Email:

Date of Birth:

Gender

Female

Male

Tupuna: Please indicate from Tupuna List one Tupuna linking you to Ngati Te Whiti Hapu

1. _____

2. _____

Whakapapa

(Complete table overleaf)

Do you have children under 18 years who you also wish to register?

Yes

No

Childs full name	Date of Birth	Male/Female

Signed

Date

Office Use Only

Date received:

Registration No.

Whakapapa Validation Committee: Approval

Declined

More information

Signed by: _____

Date: _____