

NGATI TE WHITI

Whenua Topu Trust

131 South Rd, Spotswood
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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 _____

Mobile Number _____ Email _____

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. Please indicate if you do not wish to receive communications electronically.

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

The information that you provide to the Trust on this form will be held in a secure environment

Signed _____ Date _____

Office Use Only

Date received: _____ Registration No _____

Whakapapa Validation Committee: Approval Declined More information

Signed by: _____ Date: _____