

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

Signature: _____

Date: _____

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