## TE ATIAWA (TARANAKI) REGISTRATION **REGISTRATION APPLICATION**

## **Applicant Details**

_ast Name:		First Name	Last Name	DOB	M/F/O	Relationship to Applicant (Please indicate if Whangai)	Registration No: (Office use only)	
First Names:								
Gender:	Male / Female / Other (Please circle one)							
Address:								
Previous Names	::		Hapū:					
Date of Birth: Email:		Do you want to receiv	e communications about	Te Atiawa?				
Phone (HM):	(WRK):		elections, postal ballot papers and iwi updates. All notices will be sent to the address provided on this					
Mobile:		<u>Declaration</u>	he information provided	in this applic	ation is tr	ue and correct		
			ne information provided					
Plea	ase complete this form, sign, and return to							

required.

Te Atiawa Registration Officer Te Kotahitanga o Te Atiawa PO Box 1097 New Plymouth 4340 Phone: o6 758 4685 Email:

registrations@teatiawa.iwi.nz

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Te Kotahitanga o Te Atiawa Trust will act 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.

**Whanau Registration Details** Please list all your tamariki under the age of 18 years in the box below. All tamariki over the age of 18

years must fill in a separate registration application form. Please continue on a separate sheet if

OFFICE USE ONLY	Date Received:	Date Validated	Date Applicant Advised	V2020(1)

## **WHAKAPAPA**

Please complete all sections of this registration form that show your connections to Te Atiawa (Taranaki).

