

Tēnā koe,

Pūkakahaka East 5B Trust – Registration Pack

The purpose of the attached pack is to introduce you to the first stages of meeting the objectives and outcomes outlined in the Strategic Plan. The draft Strategic Plan, ratified by the beneficiaries at a hui held 9 January 2016 highlights the need to develop and implement a register for beneficiary owners.

The attached forms and information will assist in collecting information of trust interest for the descendants from the marriages of Te Huaki to Tukaiteuru and Te Kahuwhero to Te Uhi.

This process will enable the trust to:

- Support our decision-making
- Have a wider reach to connect and communicate with our beneficiaries
- Provide more suitable services as a trust

To assist with this objective, we would like for you to complete the attached forms. Included in this pack are:

- My Details Form
- Whānau Form
- Further Information Form

Once you have completed your forms please return to info@pukahakahaeast5b.co.nz

On receipt, your completed forms will be presented to the trustees of Pūkakahaka East 5B Trust for approval at the next meeting of trustees in January 2017. Following the validation of your details, your information will be processed by Te Tumu Paeroa.

If you have any pātai or require more forms for your tamariki and/or whānau please visit our website www.pukahakahaeast5b.co.nz or make contact with Mona-Pauline Mangakāhia on 0800 943 682 or info@pukahakahaeast5b.co.nz

Ngā mihi, nā
Pūkakahaka East 5B Trust

MY DETAILS

Date: 28 October 2016

1. Te Waiariki Tupuna (I am a descendant of the marriage/s of):

Te Huaki rāua ko Tukaiteuru

Te Kahuwhero rāua ko Te Uhi

2. Full **commonly used** name: _____

3. Other names known by: _____

4. Present address: _____

5. Email address: _____

6. Phone home: () _____

Mobile: _____

Phone work: () _____

7. Male / Female (Please circle one)

8. Date of Birth:

		/			/				
<i>Day</i>			<i>Month</i>			<i>Year</i>			

9. New Zealand IRD number:

--	--	--	--	--	--	--	--	--	--

Declaration: By signing this form, I acknowledge that the information provided on these forms is subject to the Privacy Act 1993; and that by signing these forms, I agree that Pūkakahaka East 5B Trust and Te Tumu Paeroa may use this information for the purposes of maintaining the trust register and contacting me in relation to the information provided on this form.

10.

CLIENT SIGNATURE (Please sign here if you are over 18 years of age):

Date:

11.

LEGAL GUARDIAN / PARENT SIGNATURE (Please sign here on behalf of any minors under the age of 18):

Date:

Whānau

Please list your whānau here. We understand all families are unique, so if yours doesn't fit in the space provided, please continue on the back or attach another sheet of paper

Great Grandmother	Great Grandfather	Great Grandmother	Great Grandfather	Great Grandmother	Great Grandfather	Great Grandmother	Great Grandfather	
Grandmother		Grandfather		Grandmother		Grandfather		
Mother				Father				
Brother/Sister	Brother / Sister	Brother / Sister	Brother / Sister	Your name	Brother / Sister	Brother / Sister	Brother / Sister	Brother/Sister

Whānau

Please list your tamariki here. We understand all families are unique, so if yours doesn't fit in the space provided, please continue on the back or attach another sheet of paper.

Full Name	Date of Birth	Name of Parents

PŪKAHAKAHA EAST 5B TRUST

FURTHER INFORMATION

Date: 28 October 2016

1. Marae: Kairaumati Ngunguru
 Pataua Taiharuru
2. Hapū: Ngāti Taka Ngāti Kororā Te Waiariki
3. Occupation: _____
4. Formal Qualification/s
Please list your current qualifications e.g. NZQA University Entrance, Masters in Māori Studies, Qualified Electrician
- Secondary School: _____
- Tertiary / Polytechnic: _____
- Trade: _____
5. Skills:
Please indicate if you are qualified or have experience in these areas.

<input type="checkbox"/>	Building / Plumbing / Electrical Landscaping / Gardening	<input type="checkbox"/>	Coaching / Teaching / Governance / Management
<input type="checkbox"/>	Accounting / Business	<input type="checkbox"/>	Catering / Event Management
<input type="checkbox"/>	Agriculture / Horticulture / Aquaculture / Forestry	<input type="checkbox"/>	Kaikōrero / Kaikaranga / Tikanga Marae
<input type="checkbox"/>	Communications / Web Design	<input type="checkbox"/>	Medical / First Aid
<input type="checkbox"/>	Te Reo me ōna Tikanga	<input type="checkbox"/>	Other: _____

Declaration: By signing this form, I acknowledge that the information provided on these forms is subject to the Privacy Act 1993; and that by signing these forms, I agree that Pūkahakaha East 5B Trust and Te Tumu Paeroa may use this information for the purposes of:

Maintaining the trust register and contacting me in relation to the information provided on this form

CLIENT SIGNATURE:

Date: _____