

MY DETAILS

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:

Phone mobile:

Phone work:

Extn:

7. Gender:

Male

Female

8. Date of Birth

9. NZ 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 does not 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: 21 November 2018

1. Marae: Taiharuru (Taiharuru 4B Reservation) Wharerau (Horahora 2B11)
 Ngunguru (Tuateanui 2B1A) Horahora (Horahora 1A1)

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: _____

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

CLIENT SIGNATURE:

Date: _____