

Ngati Koata Trust

BENEFICIARY REGISTRATION FORM

Please complete and post to: Ngati Koata Trust, P O Box 1659, Nelson

PERSONAL DETAILS:

Your Full Name: _____ Date of Birth: ____/____/____
Male/female

Place of Birth: - _____

Are you an Iwi member by: Birth, legal adoption or a Whangai? Please circle one

_____ Flat, Street, or PO Box

_____ Spouse/Partners Name

_____ Suburb/Town

_____ Date of Marriage

_____ Town/State

_____ Where Married

_____ Country

_____ Email

_____ Phone number

_____ Fax number

Preferred Method of Contact for Panui/Newsletters: (circle) Letter / Phone / Fax / Email

WHANAU DETAILS: (Please have your tamariki 18 yrs and over complete their own form)

of Birth	Name	Sex	DOB	Place
Tuatahi	_____	<u>M/F</u>	_____	_____
Tuarua	_____	<u>M/F</u>	_____	_____
Tuatoro	_____	<u>M/F</u>	_____	_____
Tuawha	_____	<u>M/F</u>	_____	_____
Tuarima	_____	<u>M/F</u>	_____	_____
Tuaono	_____	<u>M / F</u>	_____	_____

OTHER DETAILS

(Optional)

SKILLS: (Please list your skills and/or Qualifications)

Skills _____ Trade, Educational or other _____

Ngati Koata Trust are also developing a skills database. Would you like to go on that database? (Please circle)

Yes / No / Keep Me

Informed

FURTHER COMMENTS: (Anything you would like to tell the Trustees)

P.T.O.

(Office use only) Authorised by Board of Trustees

Whakapapa complete: _____

Contact address recorded: _____

Email address recorded: _____

Member Registration No:

Whakapapa entered on database:

Contact phone recorded:

Letter sent to Beneficiary:

**Please complete, sign this form and return it to Ngati Koata Trust, PO Box 1659, Nelson
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