

Appendix 'D'

Uenuku Charitable Trust – Iwi Member Registration Form

You can also register online at: www.uenuku.iwi.nz

First name/s:		
Surname:	Mal	den name pplicable):
Home address:	· ·	· ·
nome address.		
Email address:	<u> </u>	
hone number/s:		Cellphone:
Date of birth:	0	ccupation:
Gender (Please tick): MALE	FEMALE WHAKAPAPA: A	re you Uenuku Uri (descendant): YES NC
ase only identify parents who	are Uenuku, Tamakana and Tamahaki. (If de	eceased, please put "D" beside their name)
ther:	Grandmother:	Great Grandmother:
		Great Grandfather:
	Grandfather:	Great Grandmother:
·		Great Grandfather:
Nother:	Grandmother:	Great Grandmother:
		Great Grandfather:
	Grandfather:	Great Grandmother:
		Great Grandfather:
	/RITE below your primary hapū/tūpuna): AKANA TAMAHAKI Ot	her? Oon't know
		rrect, and I understand it is my responsibility to ensure my
		Charitable Trust and hapū for the purpose of verifying my
Signature:	- emblane, anody a group compatible transfer or and the United States (Earl Med.).	Date:
	on we collect from you will be held on a data you. You have the right to see and correct yo	base and will not be disclosed to any other person or our information.
	Return this form	
	fice: OR POST to:	OR SCAN and EMAIL to: