TAI TOKERAU MAORI TRUST BOARD

Beneficiary Application Form

I, the undersigned being a beneficiary of the Tai Tokerau Maori Trust Board and having attained the age of 18 years, hereby apply to be enrolled in the:

Please note – you may tick only one division

- ☐ TE AUPOURI DIVISION
- ☐ TE RARAWA DIVISION
- ☐ NGATI KAHU DIVISION
- ☐ NGATI WHATUA DIVISION
- ☐ NGAPUHI TAUMARERE KI HOKIANGA TONGA DIVISION
- ☐ NGAPUHI KI WAIMATE DIVISION
- ☐ NGAPUHI KI WHANGAROA DIVISION
- ☐ NGAPUHI KI WHANGAREI DIVISION

Name ……

Date of Birth ……

Sub Tribe ……

Main Tribe ……

Residential Address ……

……

……

Postal Address ……

…… Post Code ……

Email …… Phone ……

Signature …… Date ……

secretary@taitokerautrust.org.nz

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