



Note: This information is to be used to establish a register of Ngati-Manawa Hapu/ Iwi members.

Last Name:.....Maiden Name:.....

First Name:.....

Date of Birth:...../...../.....

Address:.....Phone:.....

.....Fax:.....

.....Email:.....

Children's Information

LAST NAME	FIRST NAME	DATE OF BIRTH	AGE	GENDER

Ngati-Manawa Hapu (Please make one selection)

- MARAE MAIN NGATI-MANAWA HAPU
- Rangitahi Painoaiho Tipapa Moewhare Ngati-Hui Ngati-Koro Ngati-Whare Tokowaru

GRANDPARENTS

PARENTS

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To the best of my know ledge I declare that the information given in this form s true and correct. I agree (as per the Privacy Act 1993) that the information and details can be used as part of the Ngati-Manawa Hapu/ Iwi register.

Name:.....Signature:.....Date:...../...../.....

Date Rec'd	Checked by	Date & Action Taken	Registration Number

Please return forms to: Te Runanga o Ngati-Manawa, PO Box 116, Murupara, North Island, NEW ZEALAND
 Phone: +647366 5736 Fax: +647366 5193 Email: manaware@xtra.co.nz