



**WHAKAPAPA (Optional):**

Mother's Full Name: \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

Brothers and Sisters Full names (including deceased and whangai):

Names	Email or Phone (if known)

Your Children's full names (including whangai):

Names	Email or Phone (if known)

**CONSENT AND ACKNOWLEDGEMENT:**

1. By signing this form the owner authorises payment of grants to their nominated bank account.
2. The information collected by this form will enable you to receive communications from the Incorporation by email or post and obtain the correct benefits and to assist the Incorporation locate other owners who may be entitled to registration and benefits.
3. The intended recipients of this information are the Haumingi 1A2 Incorporation, P.O.Box 987 Rotorua, their employees and contractors for the purpose of administering the Haumingi 1A2 Incorporation.
4. Failure to provide the information requested information may result in your registration application being delayed or not actioned.
5. You have the right of access to, and correction of, information held about you subject to the provisions of the Privacy Act 1993.

**FOR OFFICE USE ONLY:**

Date application received: \_\_\_\_\_

Document validation:

IRD Number Supplied                    yes/no  
Bank Account verified                    **yes/no**  
Identification Supplied                    yes/no

Application Approved on: \_\_\_\_\_

Applicant notified on:    \_\_\_\_\_