



OWNERS REGISTRATION FORM

Please complete this form in full and return to : The Aorangi Awarua Trust, 8173 State Highway 1, Taihape 4793. Feel free to copy and distribute amongst whanau members.

Surname			
First names			
Are there any other names you are known by?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, Please Print the Other Names			

Postal Address		Telephone	
		Home	(0)
Town/City		Work	(0)
Country		Mobile	(0)
Email			

Do you know which Aorangi blocks you are an owner in?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes' Please tick which block?	<input type="checkbox"/> Aorangi Awarua	<input type="checkbox"/> Awarua 1DB2

Do you have any children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, can you provide their details			
Surname	First Names	Sex	Date of birth

Are you related to any other owners in the Aorangi Awarua Trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, can you provide their details – we will contact them and ask that they complete a copy of this form

Surname			
First names			
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	Home	(0)	
Town/City	Work	(0)	
Country	Mobile	(0)	
Email			

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