

Rakiura Maori Lands Trust

P O Box 13-042, Christchurch, New Zealand

OWNERS REGISTER UPDATE

Name: Mr / Mrs / Miss / Ms _____
First Name(s) *Surname*

If a Whanau Trust _____ List of Trustees _____
Trust Name *Continue on back (if required)*

Postal Address _____ Shareholder No. _____ (OFFICE USE ONLY)

Suburb _____ Date of Birth _____

Town or City _____

Post Code _____ IRD Number _____ - _____ - _____

Country _____

Phone Number _____

Work Phone No. _____ Signature _____

Mobile Phone _____

Email Address _____ Date _____

Bank Account Details (PLEASE ATTACH ENCODED DEPOSIT SLIP)

Name of Account _____

Name of Bank _____

Branch _____

Bank Account No _____ - _____ - _____

PLEASE RETURN this Form to:
Rakiura Maori Lands Trust, P O Box 13-042, Christchurch, New Zealand

For extra copies of this Form please phone (03) 3667154
Or go to www.visitrakiura.co.nz

Online Form