

WHAKAPAPA FORM

PLEASE COMPLETE YOUR WHAKAPAPA BACK TO THE AOTEAROA TRUST SHAREHOLDER.

STUDENT'S NAME:

SHAREHOLDER OR WHĀNAU TRUST & DONOR OF SHARES NAME:

SHAREHOLDER NUMBER:

Please attach certified birth certificates to support whakapapa. This form will be held for future reference.
(Complete on a separate page if required)

WHAKAPAPA		
	_____	_____
	G Father	GG Father
	_____	_____
	G Mother	GG Mother
	_____	_____
	G Father	GG Father
	_____	_____
	G Mother	GG Mother
_____		_____
Student		
	_____	_____
	G Father	GG Father
	_____	_____
	G Mother	GG Mother
	_____	_____
	G Father	GG Father
	_____	_____
	G Mother	GG Mother
_____		_____
Mother		