



TUWHARETOA MAORI TRUST BOARD

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AMENDMENT TO ROLL OF BENEFICIARIES

NAME: _____

DATE OF BIRTH: _____

OLD ADDRESS: _____

NEW ADDRESS: _____

TELEPHONE NUMBER: _____

HAPU: _____

OCCUPATION: _____

Reason for Amendment:

Change of Address:

Deceased

Other

Please Specify other: _____

(Office use only)

Roll updated by: _____

Date: _____