

# ŌRAKA-APARIMA RŪNAKA INCORPORATED SOCIETY

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## APPLICATION FORM TO TAKE KAIMOANA FOR CUSTOMARY PURPOSES

Name of Applicant:	_____	Whānau/ hapū/iwi:	_____
Applicants Address:	_____ _____ _____		
Iwi Affiliation:	_____	Kaumātua No:	_____
Authorisation Holder (Harvester):	_____		
Authorisation Holder Address:	_____ _____		
Phone:	_____	Email:	_____
Associated Harvesters (Optional):	_____		
Catch may be used at (Address):	_____ _____		
Purpose of application:	_____		
Number attending:	_____	Date of Function:	_____
Date of Harvest (1 Date Only):	_____	Species:	_____
Quantity:	_____		
Place of Harvest:	_____		
Method of Harvest:	_____		
Vessel to be used for Harvest:	_____		
Signature of applicant:	_____	Date:	_____

If for some reason the date of harvest is changed, then a new application form is required. *Some applications may not be approved.* The applicant may be asked for more information. The successful applicant will be required to furnish a report (written or verbal) on quantities gathered, failing to do so may result in further applications being declined.