

Ngati Tahu-Ngati Whaoa Iwi Registration Form



Please indicate in the box provided.  Please complete form in CAPITAL Letters

Mr  Mrs  Ms  Miss  Master

Surname: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Given Names: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Street/Road: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Postal Address (if different from above)

P O Box No: \_\_\_\_\_ Suburb: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Mob Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Gender: Male  Female  Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Whakapapa:**

Applicant: \_\_\_\_\_

2<sup>nd</sup> Generation (parent): \_\_\_\_\_

3<sup>rd</sup> Generation (grand-parent): \_\_\_\_\_

4<sup>th</sup> Generation (great grand-parent): \_\_\_\_\_

5<sup>th</sup> Generation: (etc...) \_\_\_\_\_

6<sup>th</sup> Generation: (etc...) \_\_\_\_\_

**Marae Affiliation:** For voting purposes only please select **one** marae you would like to exercise a voting right in.

Mataarae  Te Toke   
Ohaki  Waimahana

**Dependents:** Aged 17 years and under. (dependents over 18 should fill out their own form)

Full Legal Name: (CAPITAL LETTERS)

Date of Birth:

Gender:

_____	__/__/__	<input type="checkbox"/> M <input type="checkbox"/> F
_____	__/__/__	<input type="checkbox"/> M <input type="checkbox"/> F
_____	__/__/__	<input type="checkbox"/> M <input type="checkbox"/> F
_____	__/__/__	<input type="checkbox"/> M <input type="checkbox"/> F
_____	__/__/__	<input type="checkbox"/> M <input type="checkbox"/> F
_____	__/__/__	<input type="checkbox"/> M <input type="checkbox"/> F
_____	__/__/__	<input type="checkbox"/> M <input type="checkbox"/> F
_____	__/__/__	<input type="checkbox"/> M <input type="checkbox"/> F
_____	__/__/__	<input type="checkbox"/> M <input type="checkbox"/> F
_____	__/__/__	<input type="checkbox"/> M <input type="checkbox"/> F

**Declaration:**

I \_\_\_\_\_ declare that the information given in this form is true and correct and that I am of Ngati Tahu-Ngati Whaoa descent in accordance with the provisions of this registration form. For the purposes of the privacy act 1993, I consent to the information provided in this form being included as part of the Iwi Register. I also consent to the disclosure of this form to elected validators and the Ngati Tahu-Ngati Whaoa Kaumatua Kaunihera for the purpose of validating my registration.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach a copy of your full birth certificate to your registration form.**

Once you have completed this form please return it to:

*Ngati Tahu-Ngati Whaoa Runanga Trust*

*P O Box 162*

*Reporoa 3060*

**For Office Use Only**

Received on: \_\_\_\_\_

Validated by: \_\_\_\_\_

Validated on: \_\_\_\_\_

Ka Ora Te Iwi – Ka Ora Te Tangata

P O Box 162 Reporoa, 3060

(07) 3666 177