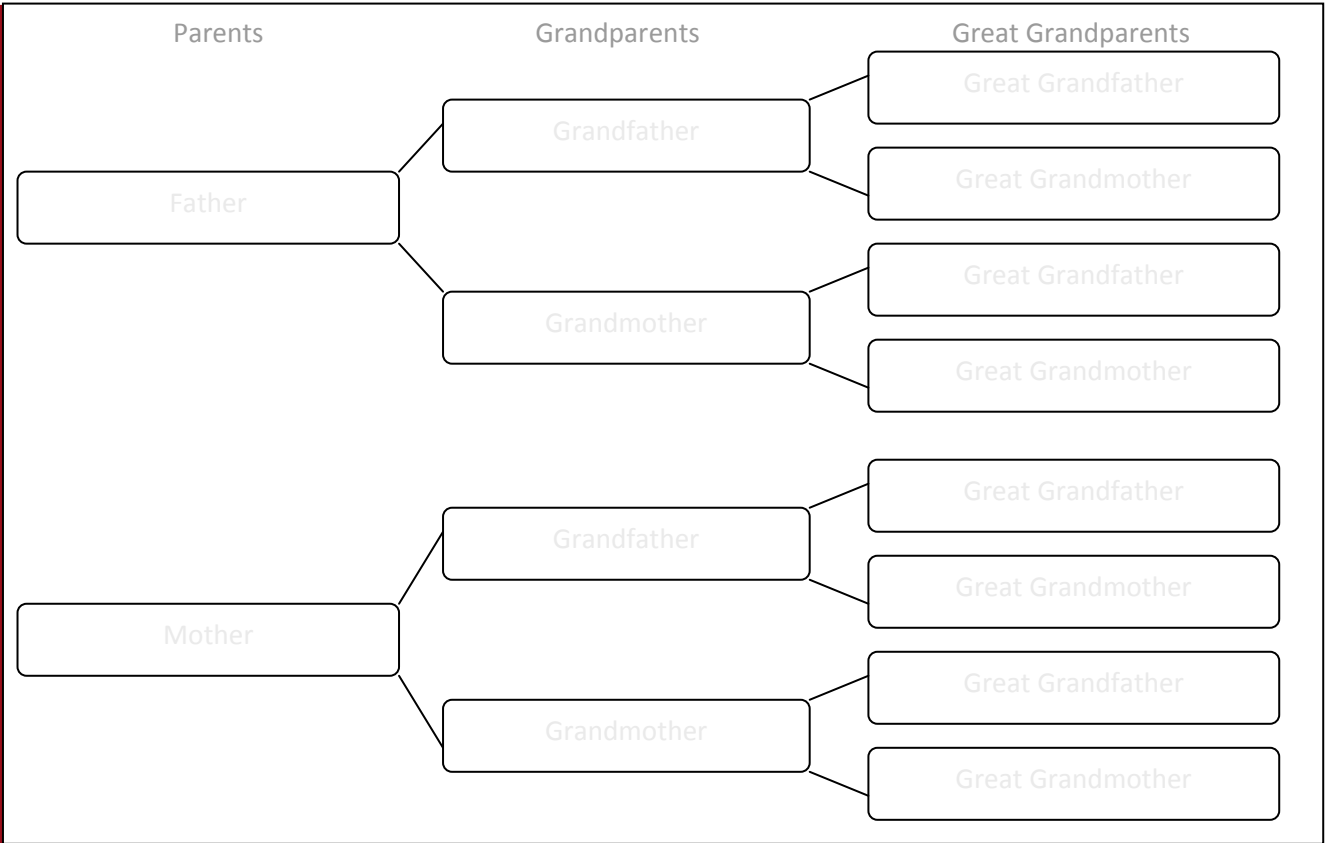


WHAKAPAPA



AFFILIATIONS

Primary Hapū	Primary Marae	Primary Takiwā (choose one only)
		<input type="checkbox"/> Te Takiwā o Ngāpuhi ki Whangarei <input type="checkbox"/> Te Roopu Takiwā o Mangakāhia <input type="checkbox"/> Ngāpuhi ki te Hau-ā-uru <input type="checkbox"/> Ngāpuhi Hokianga ki te Raki <input type="checkbox"/> Ngā Ngaru o Hokianga <input type="checkbox"/> Taiāmai ki te Marangai <input type="checkbox"/> Te Rūnanga o Taumārere ki Rākaumangamanga <input type="checkbox"/> Te Rūnanga o Ngāti Hine
Please list other Iwi Affiliations if applicable:		

PRIVACY NOTICE

Privacy Notice Option: Tick the box if you **do not** wish to receive information relating to general meetings and postal ballot papers so that you may vote on elections, constitutional amendments, conversion or disposal of settlement quota. Being on the Ngāpuhi tribal register is very important because it is our main contact link with you and gives you a direct say in decisions that affect you and your whānau.

Tick the box if you **do not** agree for your contact details to be forwarded to your Takiwā/Taurāhere for you to stay informed. Please note that any vote cast by you for election of trustees will be counted only for the Primary Takiwā/Taurāhere you have identified.

DECLARATION

I hereby declare that the information in this application is true and correct to the best of my knowledge. I understand that the information I provide will be used solely for the purpose of Te Rūnanga-Ā-Iwi-O-Ngāpuhi Trust Board in developing their Register of Beneficiaries, a required Statutory Legislation. The board will deal with this personal information in accordance with its obligations under the Privacy Act 1993 and the Privacy Principles stated therein. I will contact the Trust Board should my address or details change in the future.

_____ / ____/____
 Signed Date

Date Received	
Date Verified	

REGISTRATION APPLICATION FORM

Please return completed and signed application form to:
16 Mangakāhia Road, PO Box 263 Kaikohe 0440 Northland New Zealand
Phone: 09 401 5530 or 0800 464 278 or Email: registrations@ngapuhi.iwi.nz

WHO CAN REGISTER?	WHY REGISTER?
<ul style="list-style-type: none"> To be eligible to register you MUST be 18 years and over and be a descendant of a Ngāpuhi tūpuna or; Whāngai on their own behalf or by their legal Ngāpuhi guardian or; Ngāpuhi adult members who affiliate to any marae/hapū within Te Whare Tapu o Ngāpuhi 	<ul style="list-style-type: none"> To be notified of important issues and decisions affecting Ngāpuhi To receive information of benefits that you may be entitled to e.g. <ul style="list-style-type: none"> Education Grants Scholarships Discretionary and Sponsorship Funding

PERSONAL DETAILS	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Member ID:	Office Use Only
	First Names:			
	Last Name:			
	Alias or Nickname:	Maiden Name:		
	Date of Birth:	____/____/____	Gender:	Tāne <input type="checkbox"/> Wāhine <input type="checkbox"/>
	Whāngai:	<input type="checkbox"/> Please tick if you are whāngai		
	Home Address (St):			
	(Suburb):	(City):		
	(Country):	(Post Code):		
	Postal Address (St):			
	(Suburb):	(City):		
	(Country):	(Post Code):		
	Phone:	Mobile:		
	Email:			
	Fax:			
Occupation:				
Work Experience:				
Highest Qual:	Education:			
Te Reo Level:	None <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Fluent <input type="checkbox"/>			

TAMARIKI DETAILS	First Name	Middle Name	Last Name	DOB	M/F	Registration ID (Office Use Only)