

## 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](mailto:registrations@ngapuhi.iwi.nz)

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

PERSONAL DETAILS	Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms			Member ID:		
	First Names:						
	Last Name:						
	Alias or Nickname:				Maiden Name:		
	Date of Birth:				Gender:	<input type="checkbox"/> Tāne <input type="checkbox"/> Wāhine	
	Whāngai:	<input type="checkbox"/> Please tick if you are whāngai					
	Home Address (St):						
	(Suburb):		(City):				
	(Country):		(Post Code):				
	Postal Address (if different from Home Address)						
	(Post Box or Street)						
	(Suburb or RD):		(City):				
	(Country):		(Post Code):				
	Phone:		Mobile:				
	Email:				I DO /DO NOT want my email on the mailing list		
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	If any of your children are over 18 please have them complete a separate Registration Form					
	First Name	Middle Name	Last Name	DOB	M/F	Registration ID (Office Use Only)

WHAKAPAPA

_____ Your Father	_____ Grandfather _____ Grandmother	_____ Great Grandfather _____ Great Grandmother
_____ Your Mother	_____ Grandfather _____ Grandmother	_____ Great Grandfather _____ Great Grandmother
		_____ Great Grandfather _____ Great Grandmother
		_____ Great Grandfather _____ Great Grandmother

AFFILIATIONS

Primary Hapū	Primary Marae	Primary Takiwā ( <i>choose one only</i> )
		<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.

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 Signed Date