Ngai Tāmanuhiri Iwi Member Registration Form

Personal Information

Title: Mr / Mrs / Miss / Ms

First Name: __________________________________________

Middle Name: _________________________________________

Last Name: __________________________________________

Maiden Name: _________________________________________

Are you known by any other name? ___________________________

Gender: Male / Female / Transgender

Birthdate (dd/mm/yyyy format): ____________________________

Adopted? ☐

Contact Information

Preferred Contact Method: Phone / Mobile / Email / Mail

Phone: ______________________________________________

Mobile: _____________________________________________

Email: ______________________________________________

Address Information

Postal Address Street: __________________________________

Postal Address Suburb: ________________________________

Postal Address City: __________________________________

Postal Address Post Code: _____________________________

Postal Address Country: _______________________________

Is Physical Address the same as Postal Address? ☐

Physical Address Street: _______________________________
Whakapapa - Please list all children including those who are no longer living at your address. Those who are 18 years and over must complete their own registration form to meet the statutory requirements of the Trust.
### Iwi Information

**Hapū:**

- Ngāti Kahutia
- Ngāti Rangitauiwhia
- Ngāti Rangiwhao
- Ngāti Rangiwhao Matua
- Ngāi Tāwehi

Other Iwi Affiliations:
- __________________________________________
- __________________________________________
- __________________________________________

### Whanau Information

**Marital Status:** Single / Married / Separated / De Facto / Civil Union / Widowed

- Spouse First Name: __________________________________________
- Spouse Middle Name: __________________________________________
- Spouse Last Name: __________________________________________
- Spouse Birthdate: __________________________________________
- Spouse Iwi: __________________________________________

### Additional Information

**Employer:** __________________________________________

**Your Role:** __________________________________________

**Sector:**

- Accommodation
- Agriculture
- Banking, insurance, and finance
- Community
- Construction
- Fisheries
- Forestry
- Health
- Information Technology and communication

Other Areas:
- Manufacturing and production
- Maori Development
- Mining
- Retail Trade
- Science and biotechnology
- Transport
- Wholesale Trade

**Area of Speciality:** __________________________________________
Academic Achievements:

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<tr>
<th>Level 1 Certificate</th>
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<th>Practical Application</th>
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<tbody>
<tr>
<td>Level 2 Certificate</td>
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<td>Level 3 Certificate</td>
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<tr>
<td>Level 4 Certificate</td>
<td>☐</td>
<td>Postgraduate and Honours Degrees</td>
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<td>Level 5 Diploma</td>
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<td>Level 6 Diploma</td>
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<tr>
<td>Apprenticeship</td>
<td>☐</td>
<td>No Qualification</td>
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<tr>
<td>On-job Training</td>
<td>☐</td>
<td>Ongoing</td>
<td>☐</td>
</tr>
</tbody>
</table>

Description:

________________________________________

________________________________________

________________________________________


Please indicate if you would like to
be involved in any current or future
Iwi projects

________________________________________

________________________________________

________________________________________


**Declaration**

I declare all the information contained on this Registration Form to be true and correct.

☐

I consent to the Ngai Tāmanuhiri Whānui Trust sharing my personal information with affiliated parties.

☐

*Ngai Tāmanuhiri Whānui Trust, in accordance with the provisions of the Privacy Act 1993, will make available to you upon request the personal information it holds on you and will make any appropriate corrections to that information to ensure that the information held is accurate.*