

**NGATI MUTUNGA IWI REGISTRATION FORM
TE RUNANGA O NGATI MUTUNGA**

Tena koe,
The Registration Policy is available from the
Te Runanga o Ngati Mutunga Office at PO Box 32, Urenui 4349

Mutunga Identity Number

Please complete this form by printing clearly.

SECTION A: DESCENDANT (OVER 18 YEARS OLD) OF A NGATI MUTUNGA TUPUNA

PERSONAL DETAILS:

Mr Mrs Miss Ms Dr *(Please circle one)*

Last Name.....

First and Middle Names.....

Nee/Maiden Name..... Date of Birth.....

CONTACT DETAILS:

Street Number & Name.....

Suburb.....City.....Post Code.....

Country.....Email.....

Phone.....Cell Phone.....Fax.....

OCCUPATION AND QUALIFICATIONS

Occupation.....

Qualifications.....

Please list your tamariki (children) and indicate in the last column which if any are whangai (W)

SECTION B: YOUR CHILDREN

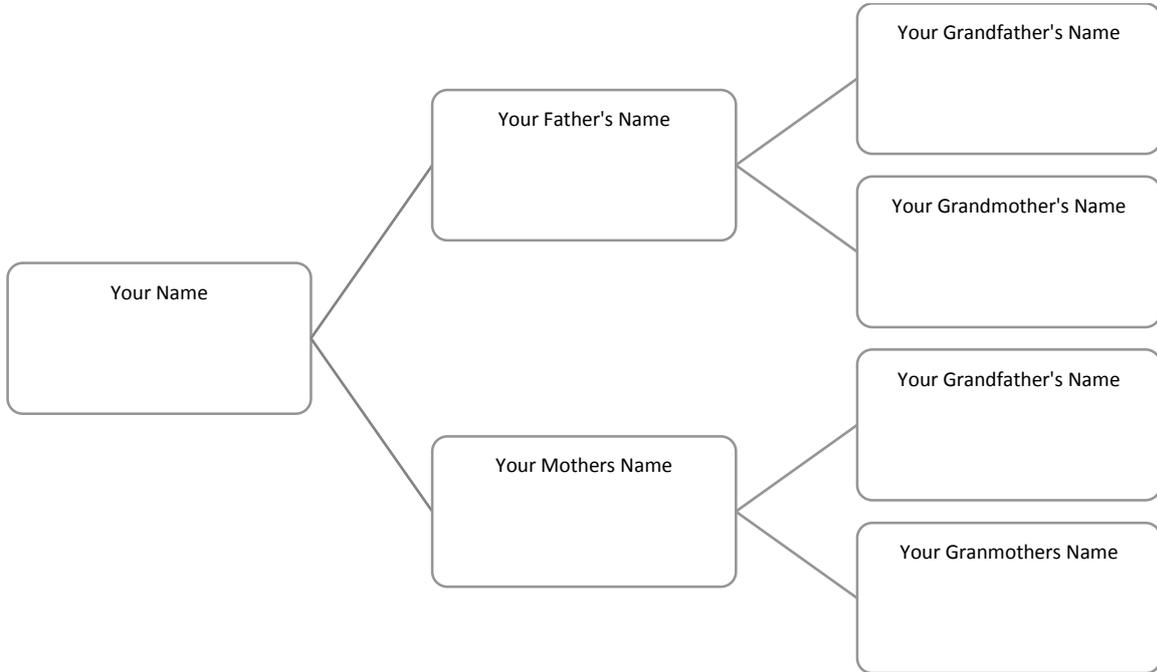
Children 18 years or over will need to complete their own registration form.

Last Name	First Name	M/F	Address	Birthdate	Whangai

Please continue the list of children on a separate sheet if necessary and attached to this registration form

SECTION C: WHAKAPAPA CONNECTIONS

Please complete your Ngati Mutunga whakapapa lines only



Other whakapapa Information

Your Ngati Mutunga Tupuna (if known).....

Name of living Ngati Mutunga relative over 18 years.....

Contact number or address of your Ngati Mutunga relative.....

SECTIOND: THE PRIVACY ACT 1993. AUTHORITY AND DECLARATION

The Privacy Act 1993

The information that you supply on this application form will be held by Te Runanga o Ngati Mutunga. Failure to complete all sections truthfully will render this application invalid, and should you have been successful in your registration may be grounds for removal from the Register and Electoral Roll. The information will be held in the Ngati Mutunga Registry and under Ngati Mutunga rules of access. No information will be disclosed to third parties without your authorisation, except as required by law. Information on unsuccessful applicants will be confidentially destroyed after three months. You have a right to view you personal information held by Te Runanga o Ngati MutungaA. This will occur in the presence of a Runanga nominated representative and you may request correction if necessary.

Authority & Declaration

I hereby authorise Te Runanga o Ngati Mutunga to collect such personal information about me from the named living Ngati Mutunga relative as is necessary to support my application. I also authorise the living relative to disclose information for the same purpose.

I hereby declare that I have read the above Privacy Act statement and I am aware of my rights under the Privacy Act 1993. I certify that the information provided is correct and no information has been omitted.

Signed.....Date.....

Please return this form to:
 Ngati Mutunga Registry
 PO Box 32
 Urenui 4349
 NEW ZEALAND