

TE RUNANGA O TOA RANGATIRA INC

Iwi Registration Form

The purpose of the enrolment form is to have a better understanding of where whanau reside and to enable better communication and decision making for the people of Ngati Toa.

Your enrolment and the information supplied will:

- * tell us how many Ngati Toa are present today
- * the residential situation throughout New Zealand today, and
- * the contact details for information flow.

WHAKAPAPA: (Pleas	e print clearly)		
TUPUNA – ANCESTO	ORS NAME:		
			Great Grandfather
		Father's Father	
			Great Grandmother
	Father		
			Great Grandfather
		Father's Mother	
		(include maiden name)	Great Grandmother
Your Name			
(include Maiden name)			Great Grandfather
GENDER F/M		Mother's Father	
(circle one)			Great Grandmother
	Mother (include maiden name)	<u>-</u>	
			Great Grandfather
		Mother's Mother	
		(include maiden name)	Great Grandmother
Mandatory Informat	ion:		
DATE OF BIRTH:	/PLACE	OF BIRTH:	
ADDRESS:			
EMAIL:	PHONE	FA	X
The Privacy Act 1993			

This information is to be used for a Ngati Toa register of beneficiaries. It will be held by Te Runanga O Toa Rangatira Inc for the purpose of assisting the Runanga in advancing the interests of Ngati Toa. This will include enhancing communication with Iwi members and enabling more effective Iwi participation in decision-making for Ngati Toa. The information gathered will be held in accordance with the Privacy Act requirements and will not be used for any other purpose without your express consent. You have the right to access and correct this information at any time. Any person aged 18 years or above should complete their own form.

ON:	WORK and EDUCATION:					
SPOUSE'S DETAILS Surname (include maiden name) first Names						
DATE OF BIRTH / PLACE OF BIRTH						
DATED / / SIGNED by spouse by spouse						
Tamariki or legal dependents under 18 years						
PLEASE list children/legal dependents in order of age, directly underneath their parents						
M/F	BIRTH DATE		ADDRESS			
Marae Affiliations Please tick the box to indicate the Marae you affiliate to (you may tick more than one):						
Marae Selection Voting Please tick the box to indicate the Marae you affiliate to (tick ONLY one):						
DECLARATION: "I declare that all information on this form is true and correct" SIGNED:DATE:/						
Please return completed form to:						
Iwi Registration						
P.O. Box 503 55						
to 04 238 4			titoa.iwi.nz			
	Surname (in / / / / / / / / / / / / / / / / / / /	Surname (include maiden name	Surname (include maiden name)			