Te Rūnanga o Ngāti Apa (Te Rūnanga) is using this form to register the people of Ngā Wairiki and Rangitikei descent whose ancestors have historically identified as Ngāti Apa. Any information received will be held by or for Te Rūnanga, certain bodies related to Te Rūnanga or their respective successors. You have certain rights under the Privacy Act 1993 to see and correct personal information which Te Rūnanga or its successor holds about you. The information will be used to enable Te Rūnanga or its successor to identify as many Ngāti Apa individuals as possible, including the marae and hapu to which they affiliate, so that as many individuals as possible are informed of Ngāti Apa matters. The information may also be used to identify those who may take part in any electoral process relating to Ngāti Apa and/or derive any entitlement as Ngāti Apa members in the future. If you require assistance completing this form please contact Te Ropu Rangahau o Ngati Apa on (06) 327-5594 or 0800 2 APA IWI. Registrations are subject to a verification process involving hapu authorities and may be declined should it be found that incorrect whakapapa claims have been made.

Registration Officer: ______________________________________________

Surname: __________________________________________
First Names: __________________________________________
Maiden Name: _________________________________________
Date of Birth: ______/____/____
Gender (Circle): M or F
Street & No: __________________________________________
Home Phone: _________________________________________
Suburb: ______________________________________________
Mobile Phone: _________________________________________
City: _________________________________________________
Fax: _________________________________________________
Country: ______________________________________________
Email: _______________________________________________
Occupation: __________________________________________
Partners Surname: __________________________
Partners First Names: __________________________
Children Under 18 Years:
Surname: __________________________
First Names: __________________________
Gender (Circle): M or F
Date of Birth: ______/____/____

Marae - Tick the box for any marae you affiliate to. If you know your hapu, please print next to the appropriate Marae:

Kauangaroa
Parewanui
Tini Waitara
Whangaehu
Don’t know

Which Marae will you vote with? (choose one for voting purposes only):

Please complete the whakapapa table contained on the back of this form to help us confirm your affiliation to Ngati Apa

Declaration: I acknowledge the introduction to this form and consent to the disclosure of my personal information to any body related to Te Rūnanga or its successor and I declare that the information above and overleaf is correct.

Signature: __________________________
Today's Date: ______/____/____

Current form published by Te Rūnanga o Ngati Apa and revised on 3 April 2006
Please mail to Te Ropu Rangahau o Ngati Apa, PO Box 124, Marton
Please show as much of your Ngati Apa whakapapa as possible. Attach papers if required.