



TE RŪNANGA O NGĀTI AWA

Personal Details

Legal first names			
Legal surname			
Maiden Name or other names			
Date of Birth		Occupation	
Street Address			
Suburb			
City			Post code:
Country			
Home Phone		Mobile	
Email address			

Hapu Affiliations

Voting Hapū	Please indicate which hapu you wish to be registered to vote for:
Other Hapū	Other Ngāti Awa Hapū you affiliate to:

Family Information

Name of spouse	
Iwi of spouse	

Children (children over 18 should register as an adult member)

Full Legal Name	DOB	M/F	Address (if different to yours)

Use separate sheet for any additional children.

TE RŪNANGA O NGĀTI AWA REGISTRATION

Please complete the following whakapapa. Your full name should be given and the names of both parents. You only need to complete your Ngāti Awa whakapapa

YOU

_____		_____	
Matua/Father		Whaea/Mother (Maiden Name)	
Koroua/Paternal Great Grandfather	Koroua/Paternal Grandfather	Koroua/Maternal Great Grandfather	Koroua/Maternal Grandfather
Kuiua/Paternal Great Grandmother	Kuiua/Paternal Grandmother	Kuiua/Maternal Great Grandmother	Kuiua/Maternal Grandmother

Whakapuakitanga/Declaration and Statement to comply with the provisions of the Privacy Act 1993:

I hereby declare that:

1. *I am a blood descendant of Ngāti Awa, that is I am an “uri o ngā hapū o Ngāti Awa”.*
2. *All the information contained in this registration form and whakapapa is true and correct.*
3. *I understand that the information I provide will be held by Te Rūnanga o Ngāti Awa to process this registration.*
4. *Te Rūnanga o Ngāti Awa, or agents appointed by it, may use this information from time to time to contact me in relation to elections and other matters of importance that may be of interest to me.*
5. *I have the right to access and correct the information held by Te Rūnanga o Ngāti Awa.*
6. *I authorise Te Rūnanga o Ngāti Awa to collect information about me that may be relevant to processing this application including those noted on this whakapapa.*

Signed: _____ Date: _____

Date Received:	Date Reviewed:	Reviewed by:
Status: Approved / Denied / More Information		Date Entered:
Comments:		