



# Registration Form

Te Rūnanga o Ngāi Te Ohuake

Te Rūnanga o Ngāti Hauiti

Te Rūnanga o Ngāti Tamakopiri

Te Rūnanga o Ngāti Whitikaupeka

Each of the entities referred to above are using this form to register the people of Mōkai Pātea whose ancestors identified as one or more of Ngāti Hauiti, Ngāi Te Ohuake, Ngāti Tamakopiri and Ngāti Whitikaupeka. Any information received will be held by or for each of the relevant Mōkai Pātea entities or their successors. You have certain rights under the Privacy Act 1993 to see and correct personal information which these entities (or their successors) hold about you. The information will be used to enable each entity to identify as many of their members as possible, so that as many individuals as possible are informed of Mōkai Pātea matters. The information may also be used to identify those who may take part in any electoral process relating to Mōkai Pātea (and/or the individual iwi within the confederation) and/or derive any entitlement as members in the future. Registrations are subject to a verification process involving iwi authorities and may be declined should it be found that incorrect whakapapa claims have been made. Should you need assistance in completing this form, please contact the relevant iwi Rūnanga or the Mōkai Pātea Waitangi Claims Trust (contact details are overleaf). Note that any children aged under 18 years entered on this form will be entered as adult members once they come of age, unless the Trust is advised in writing that they do not wish to be so registered.

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Maiden name: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_ Gender: (circle) M / F

Postal Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Suburb: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_ Email: \_\_\_\_\_

Country: \_\_\_\_\_ Partner's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Are you a whāngai? (circle) YES / NO

*Children under 18 years (persons 18 and over should fill in their own form):*

Surname:	First names:	Gender: (circle)	Date of Birth:	Whāngai?
_____	_____	M / F	___/___/___	Y / N
_____	_____	M / F	___/___/___	Y / N
_____	_____	M / F	___/___/___	Y / N
_____	_____	M / F	___/___/___	Y / N

Iwi—tick the box for any of the iwi that you affiliate to. If you know your hapū, write the hapū next to the iwi:

Ngāti Hauiti	<input type="checkbox"/>	Circle 1 hapū for voting:	Ngāi Te Ngahoa / Ngāti Ruaanga / Ngāti Haukaha / Ngāti Tamateka / Ngāi Te Upokoiri / Ngāti Hora / Ngāti Tūmōkai / Ngāti Hinetiū
Ngāi Te Ohuake	<input type="checkbox"/>	Indicate all known hapū	_____
Ngāti Tamakopiri	<input type="checkbox"/>	Indicate all known hapū	_____
Ngāti Whitikaupeka	<input type="checkbox"/>	Indicate all known hapū	_____

**Declaration:** I acknowledge the introduction to this form and consent to the disclosure of my personal information to any of the entities above or entities related to them or their successors and I declare that the information above and overleaf is correct.

Signature: \_\_\_\_\_

Today's Date: \_\_\_/\_\_\_/\_\_\_

You

Father	Mother
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Grandfather	Grandmother
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Great Grandfather	
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Great Grandmother

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Great Grandfather	
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Great Grandmother

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Grandfather	
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Great Grandfather

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Great Grandmother

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Grandmother	
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Great Grandfather

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Great Grandmother

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Please show as much of your Mōkai Pātea whakapapa as possible.

Attach additional papers if required.

When completed please send to:

**Mōkai Pātea Waitangi Claims Trust**  
**c/- The Administrator**  
**PO Box 54**  
**Taihape 4742**

***Iwi contacts :***

Ngāti Hauiti	Utiku Potaka/Maria Taiuru	u.potaka@xtra.co.nz/maria@inspire.net.nz
Ngāi Te Ohuake	Te-Rangi Hawira/Kelly Thompson	raukowhai@slingshot.co.nz/hauiti.kelly@xtra.co.nz
Ngāti Tamakopiri	Moirira Raukawa-Haskell/Hari Benevides	moirira.raukawa-haskell@otmk.org.nz/ hari@ruralinzone.net
Ngāti WhitiKaupēka	Barbara Ball/Richard Steedman	ballwhitanau@xtra.co.nz/richard.steedman@xtra.co.nz