



# Registration Form

**Te Rūnanga o Ngāti Hauiti**  
**Te Rūnanga o Ngāti Te Ohuake**  
**Te Rūnanga o Ngāti Tamakōpiri**  
**Te Rūnanga o Ngāti Whitikaupeka**

Each of the Mōkai Pātea Iwi Rūnanga referred to above are using this form to register the people of Mōkai Pātea whose ancestors identified as one or more of the hapū and iwi of Ngāti Hauiti, Ngāti Te Ohuake, Ngāti Tamakōpiri and Ngāti Whitikaupeka. Any information received will be held by or for each of the relevant Mōkai Pātea Iwi 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 the Iwi Rūnanga 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, please indicate by circling those below:**

<b>Ngāti Hauiti</b>	<input type="checkbox"/>	Circle any known hapū	Ngāi Te Ngahoa/Ngāti Ruaanga/Ngāti Haukaha/Ngāti Tamatereka/ Ngāi Te Upokoiri/Ngāti Hora/Ngāti Tūmōkai/Ngāti Hinetio/ Ngāti Hinemanu/Ngāti Rangiwahaiao/Ngāti Whiti-Hauti
<b>Ngāti Te Ohuake</b>	<input type="checkbox"/>	Circle any known hapū	Ngāti Tamakorako/Ngāti Hau/Ngāti Hinemanu/Ngāti Te Upokoiri/ Ngāti Te Ngaruru/Ngāti Paki/Ngāti Honomōkai
<b>Ngāti Tamakōpiri</b>	<input type="checkbox"/>	Circle any known hapū	Ngāti Tuope/Ngāti Tamakaiaorangi/Ngāti Hinetai/Ngāti Tamapinea/ Rangitoea/Ngāti Tamawhiti/Ngāti Tama Tūturu/Ngāti Te Taenui/ Ngāti Tūtakaroa/Ngāti Tamakaitangi/Hikakainga
<b>Ngāti Whitikaupeka</b>	<input type="checkbox"/>	Circle any known hapū	Ngāti Whiti Tūturu/Ngāti Whiti-Hauti/Ngāti Whiti-Tama/ Ngāti Te Upokoiri/Ngāti Honomōkai/Ngāti Tautah

I acknowledge that I am required to provide personal information and whakapapa information to verify I am eligible to participate in the mandate vote 10 June 2019 – 8 July 2019, BUT I DO NOT WANT TO APPLY FOR MEMBERSHIP TO MŌKAI PĀTEA WAITANGI CLAIMS TRUST.

**TICK ONLY if this statement applies to you: DO NOT TICK IF YOU WANT TO REGISTER AS A MEMBER.**

**Declaration: I acknowledge the introduction to this form and consent to the disclosure of my personal information to any of the Iwi Rūnanga 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: \_\_\_/\_\_\_/\_\_\_

**SPECIAL VOTE**

You				
	Father	Grandfather	Great Grandfather	
		Grandmother	Great Grandmother	
			Great Grandfather	
		Grandmother	Great Grandmother	
			Great Grandfather	
	Mother	Grandfather	Great Grandfather	
		Grandmother	Great Grandmother	
			Great Grandfather	
		Grandmother	Great Grandmother	

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**  
**mpwct@mokaipateaservices.org.nz**

**Iwi contacts :**

Ngāti Hauiti	Utiku Potaka/Neville Lomax	<a href="mailto:u.potaka@xtra.co.nz">u.potaka@xtra.co.nz</a> <a href="mailto:ngahoa1944@gmail.com">ngahoa1944@gmail.com</a>
Ngāi Te Ohuake	Te-Rangi Hawira/Richard Steedman	<a href="mailto:raukowhai@xtra.co.nz">raukowhai@xtra.co.nz</a> <a href="mailto:richard.steedman@xtra.co.nz">richard.steedman@xtra.co.nz</a>
Ngāti Tamakopiri	Moira Raukawa-Haskell/Hari Benevides	<a href="mailto:mraukawahaskell@gmail.com">mraukawahaskell@gmail.com</a> <a href="mailto:haribis@inspire.net.nz">haribis@inspire.net.nz</a>
Ngāti Whitikaupeka	Barbara Ball/Richard Steedman	<a href="mailto:baumar.tpe@gmail.com">baumar.tpe@gmail.com</a> <a href="mailto:richard.steedman@xtra.co.nz">richard.steedman@xtra.co.nz</a>