

Registration Form

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

Each of the Mōkai Pātea lwi 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 Name	es:				
			th://		M / F		
Suburb:		Mobile ph	one:				
City:	Postcode:	Email:					
Country:		Partner's Name: Y / N					
Occupation:							
Children under 18 years	(persons 18 and over should fil	ll in their own form) :				
Surname:	First names:		Gender:	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 selecting those below:

Ngāti Hauiti	Indicate all known hapū	Ngāi Te Ngahoa	Ngāti Tūmōkai	
		Ngāti Ruaanga	Ngāti Hinetio	
		Ngāti Haukaha	Ngāti Hinemanu	
		Ngāti Tamatereka	Ngāti Rangiwhaiao	
		Upokoiri II	Ngāti Whiti-Hauiti	
		Ngāti Hora		
Ngāi Te Ohuake	Indicate all known hapū	Ngāti Tamakorako	Ngāi Te Ngaruru	
		Ngāti Hau	Ngāti Paki	
		Ngāti Hinemanu	Ngāti Honomōkai	
		Ngāi Te Upokoiri		
Ngāti Tamakōpiri	Indicate all known hapū	Ngāti Tuope	Ngāti Tama Tūturu	
		Ngāti Tamakaiaorangi	Ngāti Te Taenui	
		Ngāti Hinetai	Ngāti Tūtakaroa	
		Ngāti Tamapinea	Ngati Tamakaitangi	
		Rangitoea	Hikakainga	
		Ngāti Tamawhiti		
Ngāti Whitikaupeka	Indicate all known hapū	Ngāti Whiti Tūturu	Ngāi Te Upokoiri	
		Ngāti Whiti-Hauiti	Ngāti Honomōkai	
		Ngāti Whiti-Tama	Ngāi Tautahi	
Declaration: I acknowledge	the introduction to this form and consent t	to the disclosure of my personal in	oformation to any of the Iwi	
	entities related to them or their successors			
First Name and Last Name:		Today's Date: /	/	

			Great Grandfather	
		Grandfather		
		Granulatrier		
			Great Grandmother	
	Father			
			Great Grandfather	
			Great Grandrather	
		Grandmother		
			Great Grandmother	
Vou				
You				
			Great Grandfather	
		Grandfather		
			Great Grandmother	
			Great Glandmother	
	Mother			
			Great Grandfather	
		Grandmother		
		Granumother		
			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

Ngāti Te Ohuake Te-Rangi Hawira/Richard Steedman

Ngāti Tamakopiri Moira Raukawa-Haskell/Hari Benevides
Ngāti Whitikaupeka

Barbara Ball/Richard Steedman

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