



TE RUNANGA O TOA RANGATIRA INC

Iwi Registration Form

The purpose of the enrolment form is to have a better understanding of where whanau reside and to enable better communication and decision making for the people of Ngati Toa.

Your enrolment and the information supplied will:

- * tell us how many Ngati Toa are present today
- * the residential situation throughout New Zealand today, and
- * the contact details for information flow.

WHAKAPAPA: (Please print clearly)

TUPUNA – ANCESTORS NAME: _____

Your Name (include Maiden name) GENDER F / M (circle one)	Father	Father's Father	Great Grandfather
			Great Grandmother
		Father's Mother (include maiden name)	Great Grandfather
			Great Grandmother
	Mother (include maiden name)	Mother's Father	Great Grandfather
			Great Grandmother
	Mother's Mother (include maiden name)	Great Grandfather	
		Great Grandmother	

Mandatory Information:

DATE OF BIRTH: ____ / ____ / ____ **PLACE OF BIRTH:** _____

ADDRESS: _____

EMAIL: _____ **PHONE** _____ **FAX** _____

The Privacy Act 1993

This information is to be used for a Ngati Toa register of beneficiaries. It will be held by Te Runanga O Toa Rangatira Inc for the purpose of assisting the Runanga in advancing the interests of Ngati Toa. This will include enhancing communication with Iwi members and enabling more effective Iwi participation in decision-making for Ngati Toa. The information gathered will be held in accordance with the Privacy Act requirements and will not be used for any other purpose without your express consent. You have the right to access and correct this information at any time. Any person aged 18 years or above should complete their own form.

WORK and EDUCATION: _____

SPOUSE'S DETAILS _____
 Surname (include maiden name) first Names

DATE OF BIRTH ____ / ____ / ____ **PLACE OF BIRTH** _____

DATED ____ / ____ / ____ **SIGNED** _____
 by spouse by spouse

Tamariki or legal dependents under 18 years
PLEASE list children/legal dependents in order of age, directly underneath their parents

NAME include surname	M/F	BIRTH DATE	RELATIONSHIP TO APPLICANT	ADDRESS

Marae Affiliations
 Please tick the box to indicate the Marae you affiliate to (you may tick more than one):

- Takapuwahia
- Hongoeka
- Whakatu
- Wairau

Marae Selection Voting
 Please tick the box to indicate the Marae you affiliate to (tick ONLY one):

- Takapuwahia
- Hongoeka
- Whakatu
- Wairau

DECLARATION: "I declare that all information on this form is true and correct"
SIGNED: _____ **DATE:** ____ / ____ / ____

Please return completed form to:
Iwi Registration
Te Runanga o Toa Rangatira Inc
P.O. Box 503 55
PORIRUA
Or Fax to 04 238 4701, or email to runanga@ngatittoa.iwi.nz