



REGISTRATION APPLICATION FORM

Please return completed and signed application form to:

16 Mangakāhia Road, PO Box 263 Kaikohe 0440 Northland New Zealand

Phone: 09 401 5530 or 0800 NGAPUHI (0800 642784) or Email: registrations@ngapuhi.org

WHO CAN REGISTER?

- To be eligible to register you must be a descendant of a Ngāpuhi tūpuna and
 - Ngāpuhi member who affiliates to any marae or hapū within Te Whare Tapu o Ngāpuhi, **or**
 - Whāngai on their own behalf or by their legal Ngāpuhi guardian or;
- Ngāpuhi under 18 years are encouraged to register. Parents or guardians can sign on behalf of minors.

WHY REGISTER?

- To be notified of important issues and decisions affecting Ngāpuhi
- To receive information of benefits that you may be entitled to e.g.
 - Education Grants
 - Scholarships
 - Discretionary and Sponsorship Funding
- To have a say. Ngāpuhi 18 years+ can vote on Ngāpuhi matters.

PERSONAL DETAILS

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Member ID:	
First Names:		Last Name:	
Alias or Nickname:		Maiden Name:	
Date of Birth:		Gender:	<input type="checkbox"/> Tāne <input type="checkbox"/> Wāhine
Spouse Name:		Spouse Iwi:	
Whāngai:	<input type="checkbox"/> Please tick if you are whāngai		
Home Address (St):			
(Suburb):	(City):		
(Country):	(Post Code):		
Postal Address (if different from Home Address)			
(Post Box or Street)			
(Suburb or RD):	(City):		
(Country):	(Post Code):		
Phone:	Mobile:		
Email:	I DO/DO NOT want my email on the mailing list		
Fax:			
Occupation:			
Highest Qual:	Education:		
Te Reo Level:	None <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Fluent <input type="checkbox"/>		

TAITAMARIKI DETAILS

If any of your children are over 18 please have them complete a separate Registration Form

First Name	Middle Name	Last Name	DOB	M/F	Registration ID (Office Use Only)

(Note: You may be required to provide further evidence verifying your affiliation to Ngāpuhi)

NGAPUHI WHAKAPAPA

Your Father	Grandfather Grandmother	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Great Grandfather Great Grandmother</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Great Grandfather Great Grandmother</div>
Your Mother	Grandfather Grandmother	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Great Grandfather Great Grandmother</div> <div style="border: 1px solid black; padding: 5px;">Great Grandfather Great Grandmother</div>

NGAPUHI AFFILIATIONS

Primary Hapū	Primary Marae	Primary Takiwā (choose one only)
		<input type="checkbox"/> Te Takiwā o Ngāpuhi ki Whangarei <input type="checkbox"/> Te Rōpū Takiwā o Mangakāhia <input type="checkbox"/> Ngāpuhi ki te Hau-ā-uru <input type="checkbox"/> Ngāpuhi Hokianga ki te Raki <input type="checkbox"/> Ngā Ngaru o Hokianga <input type="checkbox"/> Taiāmai ki te Marangai <input type="checkbox"/> Te Rūnanga o Taumārere ki Rākaumangamanga <input type="checkbox"/> Te Takiwā o Ngāti Hine <input type="checkbox"/> Te Takiwā o Ngāpuhi ki te Tonga o Tāmaki Makaurau <input type="checkbox"/> Ngāpuhi ki Waitematā

Please note that any vote cast by you for election of Trust Board Trustees will be counted only for the Primary Takiwā you have identified.

NOTICES

Notice Option

- Tick the box if you **do** wish to receive information from Te Rūnanga -A-Iwi-Ngāpuhi. To be notified of important issues and decisions affecting Ngāpuhi, any Registered Member may request in writing that they wish to receive a Private Notice of any General Meeting and / or Voting Papers relating to:
- The election of Trustees
 - Any amendment to the Trust's Deed or constitutional documents of any Asset Holding Company or Subsidiary of any Asset Holding Company
 - The disposal of Income Shares or Settlement Quota
 - The Conversion of Quota into Settlement Quota

DECLARATION

- I hereby declare that, to the best of my knowledge, the information in this application is true and correct.
- I agree that the Board may use this information in connection with the Board's purposes including, to develop its Register of Beneficiaries, a required Statutory Legislation.
- I agree that the Trust Board will deal with this personal information in accordance with its obligations under the Privacy Act 1993 and the Privacy Principles stated therein.
- I will contact the Trust Board should my address or details change in the future.

Signed (Parents or Guardians to sign on behalf of minors)

____/____/____
Date