



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 0800NGAPUHI (0800 64 2784) or Email: registrations@ngapuhi.org

-WHO CAN REGISTER?	WHY REGISTER?
<ul style="list-style-type: none"> 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; <p>Ngāpuhi under 18 years are encouraged to register. Parents or guardians can sign on behalf of minors.</p>	<ul style="list-style-type: none"> To be notified of important issues and decisions affecting Ngāpuhi To receive information of benefits that you may be entitled to e.g. <ul style="list-style-type: none"> 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"/>			

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)

TAITAMARIKI DETAILS

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

NGAPUHI WHAKAPAPA

Your Father	Grandfather	Grandmother	Great Grandfather	Great Grandmother
			Great Grandfather	Great Grandmother
Your Mother	Grandfather	Grandmother	Great Grandfather	Great Grandmother
			Great Grandfather	Great Grandmother

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-Ā-Iwi O 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**