

# Hauraki Māori Trust Board

## Iwi Registration Form



### Section 1 PERSONAL DETAILS

ROLL NUMBER: \_\_\_\_\_

Mr Mrs Miss Ms

Surname/s: \_\_\_\_\_

First Name/s: \_\_\_\_\_

Given Name/s: \_\_\_\_\_

Gender: Male:  Female:  Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
(If different from above)

Hm Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_

Wk Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

### Section 2 TRIBAL DETAILS

I am a descendant of: (Please tick all applicable boxes below)

Ngāti Hako  Patukirikiri  Ngāti Paoa  Ngāti Tamatera  Ngaati Whanaunga  Ngāti Rahiri-Tumutumu  Ngāti Maru

Ngāti Tara Tokanui  Ngāti Hei  Ngai Tai  Ngāti Pukenga ki Waiau  Ngāti Porou ki Harataunga ki Mataora

None of the above Iwi

For the purpose of the Hauraki Maori Trust Board Elections, I wish to be registered to vote for:

----- (Name one Iwi above only)

### Section 3 FAMILY DETAILS

(Please complete details pertaining to your Hauraki Whakapapa only)

#### Parents

My Father's full name is: \_\_\_\_\_ His Iwi is: \_\_\_\_\_

My Mother's full name is: \_\_\_\_\_ Her Iwi is: \_\_\_\_\_

-Her Birth name is: \_\_\_\_\_

#### Grandparents

My Father's Fathers name is: \_\_\_\_\_ His Iwi is: \_\_\_\_\_

My Father's Mothers name is: \_\_\_\_\_ Her Iwi is: \_\_\_\_\_

-Her Birth name is: \_\_\_\_\_

My Mother's Fathers name is: \_\_\_\_\_ His Iwi is: \_\_\_\_\_

My Mother's Mothers name is: \_\_\_\_\_ Her Iwi is: \_\_\_\_\_

-Her Birth name is: \_\_\_\_\_

**Section 3 cont:**

**Partners Name**

My partners name is \_\_\_\_\_

Is your partner of Hauraki descent? Yes  No  N/A

(If yes, please have your partner complete a separate registration form)

**Children** (If any of your children are over 18, please have them complete a separate registration form).

**Name:** **Whangai:** **Date of Birth:** **Gender:** **Address:**

	Y <input type="checkbox"/>	N <input type="checkbox"/>		M <input type="checkbox"/>	F <input type="checkbox"/>	
	Y <input type="checkbox"/>	N <input type="checkbox"/>		M <input type="checkbox"/>	F <input type="checkbox"/>	
	Y <input type="checkbox"/>	N <input type="checkbox"/>		M <input type="checkbox"/>	F <input type="checkbox"/>	
	Y <input type="checkbox"/>	N <input type="checkbox"/>		M <input type="checkbox"/>	F <input type="checkbox"/>	
	Y <input type="checkbox"/>	N <input type="checkbox"/>		M <input type="checkbox"/>	F <input type="checkbox"/>	

Please use a separate sheet for any additional children

**Declaration and Statement to comply with the provisions of the Privacy Act 1993**

I hereby declare that:

1. I make application to enrol myself, my children under 18 years and any eligible legal dependant/s entrusted to my care, as a beneficiary of the Hauraki Māori Trust Board.
2. I understand that the information I provide will be held by the Hauraki Māori Trust Board at its offices for the purpose of maintaining a register of beneficiaries and any other purpose as it shall determine from time to time to further the objectives of the Board for the benefit of Hauraki iwi.
3. I am a blood descendant from one or more of the Hauraki Iwi with whom I have declared an affiliation in Section 2.
4. All the information contained in this registration form and whakapapa is true and correct.
5. The Hauraki Māori Trust Board, or agent appointed by it, may use this information in order to contact me about Board elections and other matters of importance that may be of interest to me and my Iwi.
6. I authorise the Hauraki Māori Trust Board where appropriate to disclose information about me that may be relevant to this application, the maintenance of the register to which this application relates and any other purpose as it shall determine from time to time to further the objectives of the Board for the benefit of Hauraki iwi provided that any request for access is for a lawful purpose(s) of the Hauraki Māori Trust Board.
7. I have the right at any time to request access to and/or correct the information held by the Hauraki Māori Trust Board.

**Signed:**..... **Date:**.....

Please ensure that you fill out the form fully and accurately. Incomplete forms will be declined.

Return this form to: **Iwi Register**  
**FREEPOST 194834**  
**Hauraki Māori Trust Board**  
**PO Box 33**  
**Paeroa, 3640**  
**NEW ZEALAND.**

**Privacy Notice Option**

Tick the box if you wish to receive private notice relating to general meetings and postal ballot papers so that you may vote on elections, constitutional amendments, conversion or disposal of settlement quota. The notice will be sent to the address provided on this form

**(FOR OFFICE USE ONLY)**

Verified by:.....  
 Signed:.....  
 Date:.....

Date Sent for Verification:.....  
 Date Returned:.....  
 Date Entered on Database:.....

**DATE STAMP**