

HAPŪ REGISTER

NGĀI TAMAWHARIUA KI TE REREATUKAHIA

APPLICATION FORM

PART 1: PERSONAL INFORMATION

**Surname:					
**First Name:		Middle Name:			
**Physical Address:					
Postal Address:					
**Email:					
Phone Number:		**D.O.B:	DD	MM	YYYY

****Must complete**

PART 2: CHILDREN OR DEPENDENTS (under the age of 18 years)

First Name	Surname	Sex	D.O.B:		
			DD	MM	YYYY
			DD	MM	YYYY
			DD	MM	YYYY
			DD	MM	YYYY
			DD	MM	YYYY

(Please add any additional tamariki on a separate paper)

PART 3: WHAKAPAPA

The purpose of the information requested in this section is to verify actual whakapapa to Ngāi Tamawhariua ki Te Rereatukahia.

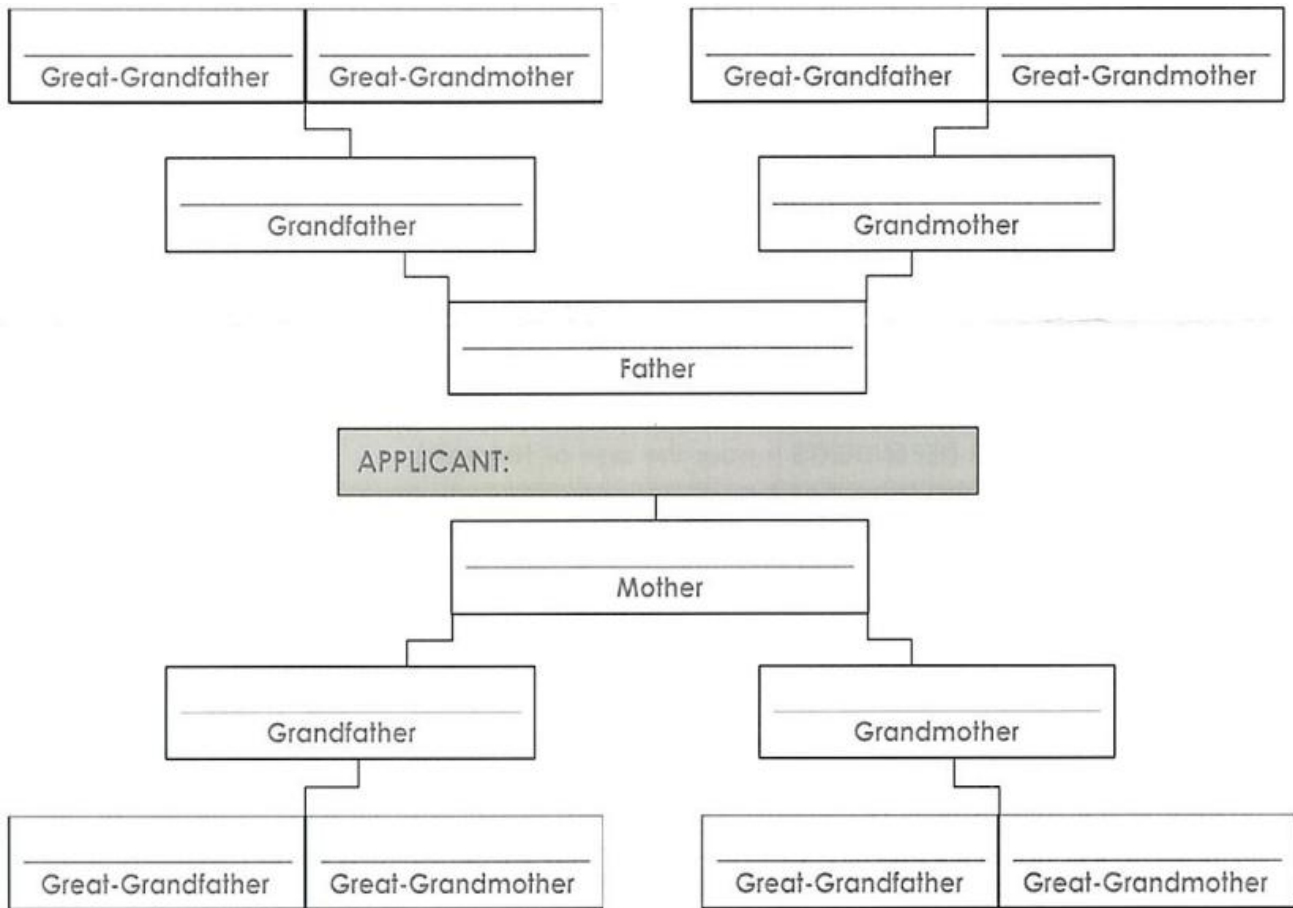
Whakapapa is verified by kaumātua. You will be advised whether or not your application for registration has been accepted.

You will have a right to appeal.

Please tick the box if you are Whāngai (do not whakapapa to Ngāi Tamawhariua ki Te Rereatukahia but adopted by a person of Ngāi Tamawhariua ki Te Rereatukahia descent).

OUR PRIVACY PROMISE

Te Rūnanga o Ngāi Tamawhariua promise not to disclose your registration information to any other organisation without your consent.



PART 4: DECLARATION

The purpose of this section is to remind you of your Privacy Rights and to obtain your consent to use your information on this form for the stated purposes. Please sign and date below. By doing so you agree.

1. That the information provided in this registration form will be held by Te Rūnanga o Ngāi Tamawhariua.
2. That Te Rūnanga o Ngāi Tamawhariua may use the data on the register in a way that does not identify you and other hapū matters.
3. That you have the right to access and correct the information held on the Hapū Register.
4. That at any time you can advise that you wish to delete your register profile.

Signature: _____

Date: _____

OFFICE USE ONLY					
Verifier Name:				Registration No:	
Verified:	YES	NO	MIR*	Signed:	

