

## Registration Application

### Personal Details

<b>Title:</b>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other (Please specify)
<b>First Names:</b>					
<b>Last Names:</b>					
<b>Maiden/Birth Name:</b>					
<b>Date of Birth:</b>	_ _ / _ _ / _ _ _ _		<b>Gender:</b>	<input type="checkbox"/> Tāne	<input type="checkbox"/> Wahine
<b>Whāngai:</b>	<input type="checkbox"/> Please tick if you are Whāngai (A person of Māori descent who do not descend by whakapapa from a Tipuna of Ngāti Mutunga o Wharekauri but who are adopted into Ngāti Mutunga o Wharekauri and raised on Wharekauri in accordance with the tikanga of Ngāti Mutunga o Wharekauri)				

### Contact Details

<b>Street Address:</b>			
<b>Suburb:</b>		<b>City:</b>	
<b>Country:</b>		<b>Postcode:</b>	
<b>Phone (Home):</b>		<b>Phone (Mobile):</b>	
<b>Email:</b>			
<b>Occupation:</b>			
<b>Qualifications:</b>			

### Tamariki

(All whānau members over the age of 18 must complete a separate registration application)

First Names	Last Name	Date of Birth	Tama/Kotiro
		_ _ / _ _ / _ _ _ _	Tama/Kotiro
		_ _ / _ _ / _ _ _ _	Tama/Kotiro
		_ _ / _ _ / _ _ _ _	Tama/Kotiro
		_ _ / _ _ / _ _ _ _	Tama/Kotiro

#### The Privacy Act 1993 and your Registration

The information that you supply on to the Ngāti Mutunga o Wharekauri Iwi Trust will be held by the Iwi Trust, certain working parties of the Iwi Trust or their successors. The information will be held on the Ngāti Mutunga o Wharekauri Iwi Trust Register under rules of access. No information will be disclosed to third parties without your authorization, except as required by law. You have a right to view your personal information held by the Iwi Trust. This will occur in the presence of a Ngāti Mutunga o Wharekauri Iwi Trust nominated representative and you may request correction if necessary. The Iwi Trust will take necessary means to contact you to update your file, particularly around contact details. That contact may include requests to the broader beneficiary whānau to seek address and phone contacts updates.

#### Declaration

I hereby declare that the information in this application is true and correct and for purpose of identity and age, a copy of my **birth certificate / drivers license / passport / other form of identification** is attached.

Signature: \_\_\_\_\_ Dated: \_ \_ / \_ \_ / \_ \_ \_ \_

#### Checklist

- Completed personal details and contact details
- Completed tamariki details (if applicable)
- Completed the whakapapa details on the following page
- Attached copy of identification

Please complete this form and post to the address below, or email to

[iwitrust@nmow.co.nz](mailto:iwitrust@nmow.co.nz)

The Registrar

Ngāti Mutunga o Wharekauri Iwi Trust

P O Box 50

Wharekauri (Chatham Islands) 8942

# Ngāti Mutunga o Wharekauri Whakapapa

Your Primary Marae: \_\_\_\_\_ Tipuna o Wharekauri: \_\_\_\_\_

Your Hapū: \_\_\_\_\_

