

Registration Form

Te Rūnanga o Ngāti Hauiti
Te Rūnanga o Ngāi Te Ohuake
Te Rūnanga o Ngāti Tamakōpiri
Te Rūnanga o Ngāti Whitikaupeka

Each of the Mōkai Pātea Iwi Rūnanga referred to above are using this form to register the people of Mōkai Pātea whose ancestors identified as one or more of the hapū and iwi of Ngāti Hauiti, Ngāi Te Ohuake, Ngāti Tamakōpiri and Ngāti Whitikaupeka. Any information received will be held by or for each of the relevant Mōkai Pātea Iwi entities or their successors. You have certain rights under the Privacy Act 1993 to see and correct personal information which these entities (or their successors) hold about you. The information will be used to enable each entity to identify as many of their members as possible, so that as many individuals as possible are informed of Mōkai Pātea matters. The information may also be used to identify those who may take part in any electoral process relating to Mōkai Pātea (and/or the individual iwi within the confederation) and/or derive any entitlement as members in the future. Registrations are subject to a verification process involving the Iwi Rūnanga and may be declined should it be found that incorrect whakapapa claims have been made. Should you need assistance in completing this form, please contact the relevant iwi Rūnanga or the Mōkai Pātea Waitangi Claims Trust (contact details are overleaf). Note that any children aged under 18 years entered on this form will be entered as adult members once they come of age, unless the Trust is advised in writing that they do not wish to be so registered.

Surname: _____ **First Names:** _____

Maiden name: _____ **Date of birth:** ____/____/____ **Gender:** (circle) M / F

Postal Address: _____ **Home phone:** _____

Suburb: _____ **Mobile phone:** _____

City: _____ **Postcode:** _____ **Email:** _____

Country: _____ **Partner's Name:** _____

Occupation: _____ **Are you a whāngai?** (circle) YES / NO

Children under 18 years (persons 18 and over should fill in their own form):

Surname:	First names:	Gender: (circle)	Date of Birth:	Whāngai?
_____	_____	M / F	____/____/____	Y / N
_____	_____	M / F	____/____/____	Y / N
_____	_____	M / F	____/____/____	Y / N
_____	_____	M / F	____/____/____	Y / N

Iwi—tick the box for any of the iwi that you affiliate to. If you know your hapū, please indicate by circling those below:

Ngāti Hauiti	☐	Circle any known hapū for voting:	Ngāi Te Ngahoa/Ngāti Ruaanga/Ngāti Haukaha/Ngāti Tamatereka/ Ngāi Te Upokoiri/Ngāti Hora/Ngāti Tūmōkai/Ngāti Hinetio/ Ngāti Hinemanu/Ngāti Rangiwahiao/Ngāti Whiti-Hauiti
Ngāi Te Ohuake	☐	Indicate all known hapū	Ngāti Tamakorako/Ngāti Hau/Ngāti Hinemanu/Ngāi Te Upokoiri/ Ngāi Te Ngaruru/Ngāti Paki/Ngāti Honomōkai
Ngāti Tamakōpiri	☐	Indicate all known hapū	Ngāti Tuope/Ngāti Tamakaiaorangi/Ngāti Hinetai/Ngāti Tamapinea/ Rangitoea/Ngāti Tamawhiti/Ngāti Tama Tūturu/Ngāti Te Taenui/ Ngāti Tūtakaroa/Ngāti Tamakaitangi/Hikakainga
Ngāti Whitikaupeka	☐	Indicate all known hapū	Ngāti Whiti Tūturu/Ngāti Whiti-Hauiti/Ngāti Whiti-Tama/ Ngāi Te Upokoiri/Ngāti Honomōkai/Ngāi Tautahi

Declaration: I acknowledge the introduction to this form and consent to the disclosure of my personal information to any of the Iwi Rūnanga entities above or entities related to them or their successors and I declare that the information above and overleaf is correct.

Signature: _____

Today's Date: ____/____/____

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MotherGrandmotherGrandmotherGreat GrandmotherGreat GrandmotherGreat GrandmotherGreat Grandmother

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**Mōkai Pātea Waitangi Claims
Trust c/- The Administrator
PO Box 54
Taihape 4742
mpwct@mokaipateaservices.org**

Ngāti Hauiti

Te-Rangi Hawira/Richard Steedman

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