

Hauraki Maori 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)

Ngati Hako Patukirikiri Ngati Paoa Ngati Tamatera Ngati Whanaunga Ngati Rahiri-Tumutumu Ngati Maru
Ngati Tara Tokanui Ngati Hei Ngai Tai Ngati Pukenga ki Waiiau Ngati 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 Maori Trust Board.
2. I understand that the information I provide will be held by the Hauraki Maori 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 Maori 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 Maori 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 Maori Trust Board.
7. I have the right at any time to request access to and/or correct the information held by the Hauraki Maori 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 Maori 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