

TĀTAU TĀTAU o Te Wairoa Registration Form

Tātau Tātau o Te Wairoa Trust is the Post Settlement Governance Entity (PSGE) that has been ratified to receive and administer the Settlement Assets on behalf of the Iwi and Hapū of Te Rohe o Te Wairoa. This is for the benefit of the present and future members in accordance with the Tātau Tātau o Te Wairoa Trust Deed.

- Any person over 18 years of age, who can Whakapapa to an Iwi and Hapū of Te Rohe o Te Wairoa, may register. Children of those persons who can demonstrate Whakapapa may also be registered.
- Whāngai and legal adopted persons are also eligible to register.
- Section 1 (Personal Information and Contact Details) and Section 2 (Whakapapa) are mandatory. Please fill out Section 3 if applicable.
- This registration form will be entered in to the Tātau Tātau o Te Wairoa Trust database which will be available to all Kāhui Beneficial Entities and Marae.
- All Whakapapa details will be kept confidential to the Tātau Tātau o Te Wairoa Trust and all Kāhui Beneficial Entities and Marae. If further Whakapapa details are required we will make contact with you.

Please return the completed form to:

Tātau Tātau o Te Wairoa Trust, Marine Parade West, PO Box 61, Wairoa 4160, or email register@ttotw.iwi.nz



TĀTAU TĀTAU
o Te Wairoa

Section 1 Personal Information and Contact Details:

Please tick one of the boxes: Adult – Whakapapa Member Adult– Whāngai Member (18 years and older)

Note: For any children 17 years and younger please complete Section 3.

Surname: _____

First Names: _____

Date of Birth: ____ / ____ / ____ **Title:** (Please Circle) Mr / Mrs / Miss / Ms / Other: _____ **Gender:** (Please Circle) Male / Female

Maiden Name: _____ (If Applicable)

Spouse or Partner Name: _____ (If Applicable)

Home Address: _____

Postal Address: _____

Email: _____

Phone Number: () _____ **Mobile:** () _____

Signature: (18 Years and Over) _____ **Date:** _____

PLEASE NOTE: In signing this form I declare that the information provided is, to the best of my knowledge, true and accurate and I agree that the information provided will be used to maintain a database for voting and contact purposes and that this database and the information provided as part of this registration will be made available to all Kāhui Beneficial Entities and Marae.

Section 2

Whakapapa – Kāhui (Cluster)

Please provide details of the Iwi, Hapū and Marae from Te Rohe o Te Wairoa that you affiliate to:

1 {
Iwi: _____
Hapū: _____
Marae: _____

3 {
Iwi: _____
Hapū: _____
Marae: _____

2 {
Iwi: _____
Hapū: _____
Marae: _____

4 {
Iwi: _____
Hapū: _____
Marae: _____

Please place a tick for all of your Kāhui (Cluster) affiliation for which you can provide valid whakapapa as indicated above.

NGĀTI RĀKAIPAAKA

NGĀ TOKORIMA A HINEMANUHIRI

RONGOMAIWAHINE IWİ

TE WAIROA TAPOKORAU MAI TAWHITI

TE WAIROA TAPOKORAU WHĀNUI

TE HONONGA O NGĀ AWA

WHAKAKĪ-NUI-A-RUA

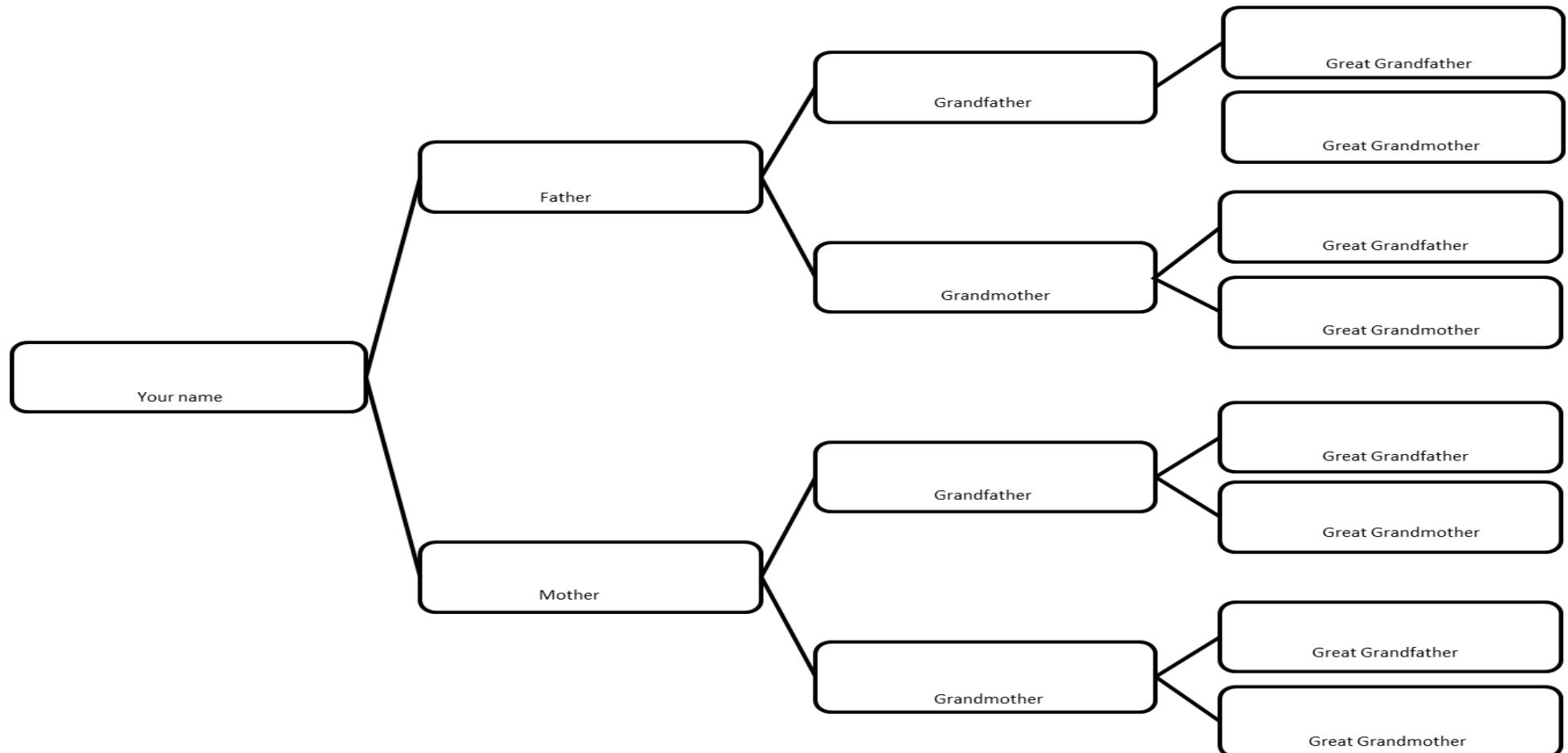
NOTE: For further information on the Hapū and Marae of each Kāhui (Cluster), please go to our website at <http://www.ttotw.iwi.nz>

Please provide additional details that may benefit us identify your Whakapapa.

Section 2

Whakapapa - Personal

Please provide details of your tipuna who descend from an ancestor of an Iwi and Hapū of Te Rohe o Te Wairoa. If you are not sure, please add as much detail as you think will help to verify your Whakapapa. If you do not provide enough information you may be asked to provide additional information to enable registration to be completed.



The Privacy Act 1993

The information that you supply on this registration form will be held by Tātau Tātau o Te Wairoa Trust. Failure to complete all sections truthfully will render this registration invalid. The information will be held in the Tātau Tātau o Te Wairoa Trust database and will be subject to rules of access. No information will be disclosed to third parties without your express permission. You have a right to view your personal information held by Tātau Tātau o Te Wairoa Trust upon request by you and will make any appropriate corrections to that information to ensure that the information held is accurate.

Section 3

Children 17 Years and Under

Please enter all your children, or children who are in your care, who are aged 17 years and younger:

NAME: _____	Date of Birth: ____ / ____ / ____	Male / Female
NAME: _____	Date of Birth: ____ / ____ / ____	Male / Female
NAME: _____	Date of Birth: ____ / ____ / ____	Male / Female
NAME: _____	Date of Birth: ____ / ____ / ____	Male / Female
NAME: _____	Date of Birth: ____ / ____ / ____	Male / Female
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NAME: _____	Date of Birth: ____ / ____ / ____	Male / Female
NAME: _____	Date of Birth: ____ / ____ / ____	Male / Female
NAME: _____	Date of Birth: ____ / ____ / ____	Male / Female

Signature of Parent / Guardian: _____

Any further enquiries please contact:

Postal – Tātau Tātau o Te Wairoa Trust, Marine Parade West, PO Box 61, Wairoa 4160. Email – register@ttotw.iwi.nz Phone - (06) 838 8262

Office Use Only:

Date Received: _____
Registration No: _____
Date Verified: _____
Validated By: _____