

OFFICE USE ONLY

RECEIVED:

Member Reg No:

**Te Runanganui o Ngati Porou
REGISTRATION FORM****SECTION 1****PLEASE WRITE IN BLOCK LETTERS**

FIRST NAME:			
ALTERNATE FIRST NAME:			
MIDDLE NAMES:			
MAIDEN NAME:			
LAST NAME:			
TITLE: (Circle)		Mr	Mrs
		Miss	Ms
		Mstr	Dr
		Other	
GENDER: (Circle)		Male	Female
DATE OF BIRTH: For eg: 19. 01. 00 YOU MUST PROVIDE YOUR DOB TO BE ELIGIBLE TO VOTE		NOTE: IN ORDER FOR YOUR REGISTRATION TO BE PROCESSED, YOU MUST PROVIDE A COPY OF YOUR FULL BIRTH CERTIFICATE OR PASSPORT WITH THIS APPLICATION.	
ROHenga TIPUNA (For the purposes of voting, please circle one only) Refer to page 3 for a list of the marae within each Rohenga Tipuna		1. Potikirua ki Whangaokena 2. Whangaokena ki Waiapu 3. Pohautea ki Te Onepoto 4. Te Onepoto ki Rahuimanuka 5. Rahuimanuka ki Mataahu 6. Mataahu ki Kokoronui 7. Kokoronui ki Te Toka a Taiau	
RESIDENTIAL ADDRESS			
FLAT NUMBER:			
STREET NUMBER:			
STREET NAME:			
NAME OF RESIDENCE:			
SUBURB:			
CITY:			
COUNTRY:			
POSTAL/ZIP CODE:			
POSTAL ADDRESS (if different from above)			
POST BOX NUMBER:			
CITY:			
POSTAL/ZIP CODE:			
E-MAIL ADDRESS:			
HOME PHONE AREA CODE:		HOME PHONE NUMBER:	
MOBILE PHONE:			
IF YOU WANT TO RECEIVE PERSONAL NOTIFICATION OF THE FOLLOWING ITEMS PLEASE TICK IN THE BOX:			
		I wish to receive a Private Notice and postal ballot papers for every Te Runanganui o Ngati Porou Annual General Meeting and Special Meeting relating to Te Runanganui o Ngati Porou Representative Elections, Constitutional Amendments, the disposal of Income Shares and the conversion and disposal of settlement quota	
IF YOU APPROVE OF THE FOLLOWING, PLEASE TICK IN THE BOX			
		I authorise Te Runanganui O Ngati Porou to seek information about me from: <input type="checkbox"/> Department of Statistics <input type="checkbox"/> Electoral Office	
		I authorise Te Runanganui O Ngati Porou to share my name and contact details with my: <input type="checkbox"/> Marae <input type="checkbox"/> Hapu <input type="checkbox"/> Taura Here	
		I agree that my details on the Ngati Porou Register will be available to Adult Members of Ngati Porou to inspect	

PLEASE DO NOT PHOTOCOPY.

CONTACT 06 8649004 IF YOU REQUIRE MORE FORMS. ALTERNATIVELY EMAIL hshaw@tronp.org.nz

SECTION 2

Whakapapa - Genealogy

You are required to complete this section so that we are able to validate your eligibility to register with Te Runanganui O Ngati Porou. A membership committee will validate all applications. Confirmation of your membership will be sent to you, with your Ngati Porou member registration number. Where an application for registration is declined, the applicant may seek a review of the decision. Refer to clause 27 Dispute Resolution Procedure of Te Runanganui o Ngati Porou Trust Deed. The Deed can be accessed from the Runanganui Office and/or www.tronp.org.nz

PRIVACY

Te Runanganui O Ngati Porou will in accordance with the provisions of the Privacy Act 1993 make available to you upon written request any personal information that we hold about you and will make any appropriate corrections to that information to ensure that the information held is accurate.

Please write in BLOCK LETTERS so the processing of your registration can be completed without delay.

Great Great Grandfather	Great Great Grandmother	Great Great Grandfather	Great Great Grandmother	Great Great Grandfather	Great Great Grandmother	Great Great Grandfather	Great Great Grandmother
Great Grandfather		Great Grandmother		Great Grandfather		Great Grandmother	
Grandfather				Grandmother			
Father is/not of Ngati Porou Descent							

Great Great Grandfather	Great Great Grandmother	Great Great Grandfather	Great Great Grandmother	Great Great Grandfather	Great Great Grandmother	Great Great Grandfather	Great Great Grandmother
Great Grandfather		Great Grandmother		Great Grandfather		Great Grandmother	
Grandfather				Grandmother			
Mother is/not of Ngati Porou Descent							

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SECTION 3 PRIMARY AND SECONDARY MARAE

This section is to determine your primary marae.

IMPORTANT

Please write the letter P (Primary) by **ONE** marae **ONLY**. Write S (Secondary) by the other marae that you affiliate to.

<u>Rohenga Tipuna 1</u>	<u>Rohenga Tipuna 2</u>	<u>Rohenga Tipuna 3</u>	<u>Rohenga Tipuna 4</u>
<i>Potikirua ki Whangaokena</i>	<i>Whangaokena ki Waiapu</i>	<i>Pohautea ki Te Onepoto</i>	<i>Te Onepoto ki Rahuimanuka</i>
Potaka Hinemaurea ki Wharekahika Punaruku Tutua Hinerupe Matahi o Te Tau Hurua (Te Kahika) Awatere	Kaiwaka Rahui Putanga Taumata o Tapuhi Hinepare Ohinewaiapu Karuai	Tikapa Te Horo Waiomatatini Kakariki Tinatoka	Reporua Umuariki Ruataupare Mangahanea Uepohatu Rauru (Taumata o Mihi) Te Heopera (Mangarua)
<u>Rohenga Tipuna 5</u>	<u>Rohenga Tipuna 6</u>	<u>Rohenga Tipuna 7</u>	
<i>Rahuimanuka ki Mataahu</i>	<i>Mataahu ki Kokoronui</i>	<i>Kokoronui ki Te Toka a Taiau</i>	
Kariaka Hiruharama Te Aowera Whareponga Rongohaere (Pahou) Rongoitekai (Penu)	Te Ariuru Waiparapara Pakirikiri Tuatini Iritekura Taharora Te Kiekie	Anaura (Hinetamatea) Hinemaurea ki Mangatuna Okuri Puketawai Hauiti Rawheoro Whangara Poho-O-Rawiri	

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SECTION 4 Certification of Whakapapa



This section is to be filled in by the certifier.

Please provide proof of your Ngati Porou ancestry from a Ngati Porou Pakeke/Kaumatua, Ngati Porou Marae Trustee or Committee Member, a Ngati Porou Taura Here Officer or Te Runanganui O Ngati Porou Representative or authorised officer.

- a) Title of Certifier: 1 Ngati Porou Pakeke/Kaumatua
✓ Tick one
2 Ngati Porou Marae Trustee or Committee Member
3 Ngati Porou Taura Here Officer
4 Runanganui Representative
5 Runanganui Officer

b) Certifier's Name: _____

c) Certifier's Signature: _____

d) Certifier's Contact No: _____

e) Date: _____

Note: If you have access to a computer you can register online at www.ngatiporou.iwi.nz. However in order for us to complete the registration you must also send us a signed hard copy of your authorisation. Any changes to the information that we hold for you will require a signed hard copy authorising the changes. Please send these changes to:

Te Runanganui o Ngati Porou
Database Administrator
P O Box 226
RUATORIA 4043

DECLARATION

I HEREBY DECLARE THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT.

Signature: _____

Declared at: _____ this _____ day of
(e.g. Gisborne or Ruatoria) (e.g. 1st, 23rd)

_____ 20 _____
(e.g March, May) (e.g 2007, 2008)

Witness: _____