

Te Rūnanga o Ngāti Apa Registration Form

Registration Officer: _____

Te Rūnanga o Ngāti Apa (Te Rūnanga) is using this form to register the people of Ngā Wairiki and Rangitikei descent whose ancestors have historically identified as Ngāti Apa. Any information received will be held by or for Te Rūnanga, certain bodies related to Te Rūnanga or their respective successors. You have certain rights under the Privacy Act 1993 to see and correct personal information which Te Rūnanga or its successor holds about you. The information will be used to enable Te Rūnanga or its successor to identify as many Ngāti Apa individuals as possible, including the marae and hapu to which they affiliate, so that as many individuals as possible are informed of Ngāti Apa matters. The information may also be used to identify those who may take part in any electoral process relating to Ngāti Apa and/or derive any entitlement as Ngāti Apa members in the future. If you require assistance completing this form please contact Te Rōpu Rangahau o Ngati Apa on (06) 327-5594 or 0800 2 APA IWĪ. Registrations are subject to a verification process involving hapu authorities and may be declined should it be found that incorrect whakapapa claims have been made.

Surname: _____	First Names: _____
Maiden Name: _____	Date of Birth: ____/____/____ Gender (Circle): M or F
Street & No: _____	Home Phone: _____
Suburb: _____	Mobile Phone: _____
City: _____	Fax: _____
Country: _____	Email: _____
Occupation: _____	
Partners Surname: _____	Partners First Names: _____

Children Under 18 Years:

Surname:	First Names:	Gender (Circle):	Date of Birth:
_____	_____	M or F	____/____/____
_____	_____	M or F	____/____/____
_____	_____	M or F	____/____/____
_____	_____	M or F	____/____/____
_____	_____	M or F	____/____/____

Marae - Tick the box for any marae you affiliate to. If you know your hapu, please print next to the appropriate Marae :

Kauangaroa	<input type="checkbox"/>	
Parewanui	<input type="checkbox"/>	
Tini Waitara	<input type="checkbox"/>	
Whangaehu	<input type="checkbox"/>	
Don't know	<input type="checkbox"/>	

Which Marae will you vote with? (choose one for voting purposes only): _____

Please complete the whakapapa table contained on the back of this form to help us confirm your affiliation to Ngati Apa

Declaration: I acknowledge the introduction to this form and consent to the disclosure of my personal information to any body related to Te Rūnanga or its successor and I declare that the information above and overleaf is correct.

Signature: _____ **Today's Date:** ____/____/____



Whakapapa Table:

Please show as much of your Ngati Apa whakapapa as possible. Attach papers if required.

