

Te Maru O Ngāti Rangiwewehi Registration Form

42 Central Road

PO Box 131

Ngongotaha

Rotorua

Ph: 07 33 23978 Fax: 07 33 23980

Email: info@rangiwewehi.com

THE PURPOSE OF THIS REGISTER

The information that you provide on this registration form will be used to enable **Te Maru o Ngāti Rangiwewehi Iwi Authority (TMONR)** to identify the descendants of **Ngāti Rangiwewehi** and establish a register of members. If you are of **Ngāti Rangiwewehi descent**, then you may have an interest in the settlement of these claims. You are therefore encouraged to register yourself and all whānau members including dependent children. This will enable you and your whānau to participate through **TMONR** in the settlement process and receive any benefits that may arise from it.

YOUR DETAILS

Please tick one: Mr Mrs Miss Ms
Gender: Tane/ Male Wahine/ Female DOB: _____

Surname: _____ Maiden Name: _____

First Name/s: _____

Physical Address: _____

If different from above:

Postal Address: _____

Phone No: _____ Mobile: _____

Fax No: _____

Email: _____

Dependent Children (*aged 17 and under*)

Name	Gender	DOB
_____	Tane/ Male <input type="checkbox"/> Wahine/ Female <input type="checkbox"/>	___/___/___
_____	Tane/ Male <input type="checkbox"/> Wahine/ Female <input type="checkbox"/>	___/___/___
_____	Tane/ Male <input type="checkbox"/> Wahine/ Female <input type="checkbox"/>	___/___/___
_____	Tane/ Male <input type="checkbox"/> Wahine/ Female <input type="checkbox"/>	___/___/___

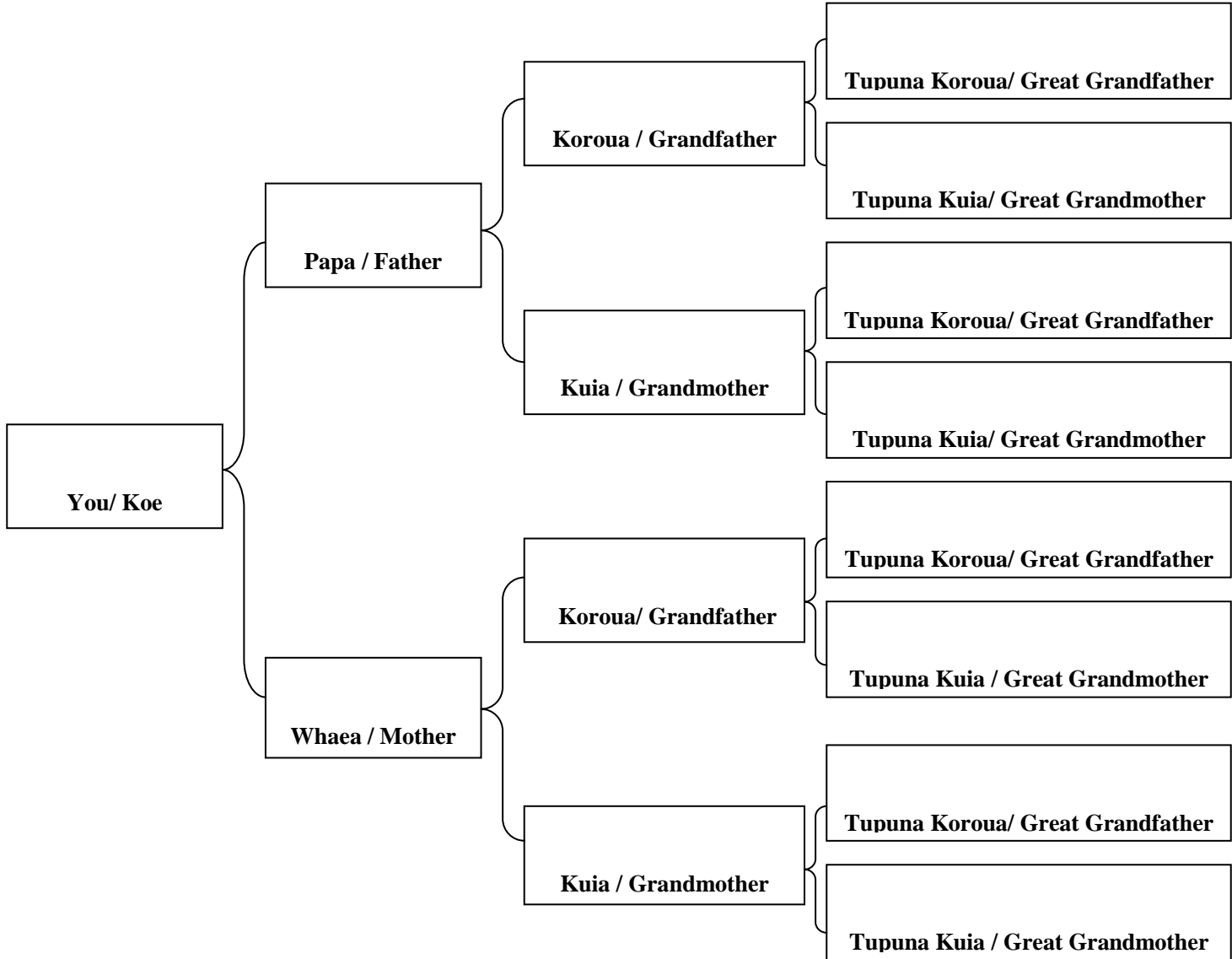
For office use only

Received on: ___/___/___

Validated by _____ Validated on: ___/___/___

Your Whakapapa

You will need to provide Whakapapa to Ngāti Rangiwewehi. Please indicate only your Tupuna who are of Ngāti Rangiwewehi descent and provide as much information as possible.



Declaration:

I _____ acknowledge the above and consent to the addition of my details to the register, and the disclosure of my personal information to TMONR for any ongoing administration of the settlement. I declare this information to be true and correct.

Sign: _____

Date: ____ / ____ / ____

I would like my information to be used for other Te Maru o Ngati Rangiwewehi initiatives: YES NO

You have certain rights under the Privacy Act 1993 to inspect and correct any personal information TMONR holds on their register. **All information will remain private and confidential. Please return form a.s.a.p.**

Amdended 10 December 2010