



Iwi Registration Form

Please return completed form to:

Ngāti Paoa Iwi Trust, PO Box 106 153, Auckland 1010, New Zealand:

admin@Ngatipaoaiwi.co.nz

To register you must:

- be a descendant of Paoa by birth;
- or by Whāngai
- affiliate to one of the Hapū listed in clause 10.5 of the Ngāti Paoa Deed of Settlement.

What is the purpose of registering?

- To be notified of important issues, events and decisions affecting Ngāti Paoa
- To obtain eligibility to vote in Ngāti Paoa elections (for those over the age of 18)
- To obtain benefits entitled to members of Ngāti Paoa
- To build a comprehensive database to strengthen the links of Ngāti Paoa descendants

Personal Details			
Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other _____
First Names:			
Last Names:			
Maiden Name:			
Date of Birth:	__/__/____	Gender:	<input type="checkbox"/> Tāne <input type="checkbox"/> Wahine
Whāngai:	<input type="checkbox"/> Please tick if you are Whāngai		
Contact Details			
Street Address:			
Suburb:		City:	
Country:		Postcode:	
Postal Address: (If different from home address)			
Street Address:			
Suburb:		City:	
Country:		Postcode:	
Phone Home:		Mobile:	
Work:		Email:	



Would you like to receive correspondence from Ngāti Paoa?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occupation:			
Highest Qualification (Please specify)	<input type="checkbox"/> Secondary _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Tertiary _____ <input type="checkbox"/> Other _____		
Te Reo Level:	<input type="checkbox"/> None <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Fluent		

Tamariki

(For children over the age of 18 please have them complete a separate form)

First Names	Last Name	DOB	Tama/ Kotiro
		__ / __ / ____	Tama/ Kotiro
		__ / __ / ____	Tama/ Kotiro
		__ / __ / ____	Tama/ Kotiro
		__ / __ / ____	Tama/ Kotiro
		__ / __ / ____	Tama/ Kotiro
		__ / __ / ____	Tama/ Kotiro

Hapū Affiliations (Please tick those that apply)

<input type="checkbox"/> Ngāti Paoa O Wharekaho	<input type="checkbox"/> Ngāti Koura	<input type="checkbox"/> Ngāti Rauwhea
<input type="checkbox"/> Ati Taheke	<input type="checkbox"/> Ngāti Manawa	<input type="checkbox"/> Ngāti Rerekau
<input type="checkbox"/> Ngāti Horowhenua	<input type="checkbox"/> Ngāti Manu Aute	<input type="checkbox"/> Ngāti Ringatahi
<input type="checkbox"/> Matekiwaho	<input type="checkbox"/> Ngāti Omakau	<input type="checkbox"/> Ngāti Rurangi
<input type="checkbox"/> Ngai Tauaiwi	<input type="checkbox"/> Ngāti Ngamuri	<input type="checkbox"/> Ngāti Te Aho
<input type="checkbox"/> Ngāti Hura	<input type="checkbox"/> Ngāti Naho	<input type="checkbox"/> Ngāti Te Awa
<input type="checkbox"/> Ngāti Huruhuru	<input type="checkbox"/> Ngāti Parengaherehere	<input type="checkbox"/> Ngāti Te Hiko
<input type="checkbox"/> Ngāti Kaiwhakapae	<input type="checkbox"/> Ngāti Paretipa	<input type="checkbox"/> Ngāti Te Umu
<input type="checkbox"/> Ngāti Kapu	<input type="checkbox"/> Ngāti Piri	<input type="checkbox"/> Ngāti Taharoku

Please note, incomplete forms will delay processing



<input type="checkbox"/> Ngāti Kauahi	<input type="checkbox"/> Ngāti Pokai	<input type="checkbox"/> Ngāti Tahuna
<input type="checkbox"/> Ngāti Kupenga	<input type="checkbox"/> Ngāti Putoa	<input type="checkbox"/> Ngāti Tarao
<input type="checkbox"/> Ngāti Mahia	<input type="checkbox"/> Ngāti Raukura	<input type="checkbox"/> Ngāti Taukiri
<input type="checkbox"/> Ngāti Taurua	<input type="checkbox"/> Ngāti Tuwhanga	<input type="checkbox"/> Te Aho Mate ki Tatah
<input type="checkbox"/> Ngāti Tipa	<input type="checkbox"/> Ngāti Waitarata	<input type="checkbox"/> Te Hingawaka
<input type="checkbox"/> Ngāti Tuahuru	<input type="checkbox"/> Ngāti Whata	<input type="checkbox"/> Te Huruhuru
<input type="checkbox"/> Te Iwitanupo	<input type="checkbox"/> Te Korohura	<input type="checkbox"/> Te Kupenga
<input type="checkbox"/> Te Mate Tokorua	<input type="checkbox"/> Te Rapupō	<input type="checkbox"/> Te Taharoku
<input type="checkbox"/> Tahakoko	<input type="checkbox"/> Upokotoia	<input type="checkbox"/> Waihinu
<input type="checkbox"/> Te Uri Karaka	<input type="checkbox"/> Te Uri Karaka	<input type="checkbox"/> Other _____
Marae Affiliations (Please tick those that apply)		
<input type="checkbox"/> Makomako (Rangimarie)	<input type="checkbox"/> Waiti (Raungaunu)	<input type="checkbox"/> Wharekawa (Whakatiwai)
<input type="checkbox"/> Other (Please specify) _____		

Please provide details of Ngāti Paoa Whakapapa on the next page

PRIVACY & CONFIDENTIALITY

I declare that the information I have provided, is to my knowledge, true and correct. I understand that the information gathered in this form will be used for Iwi purposes only—it will not be sold, made available to any other agency, or misused in any way. This form, and the electronic database in which the information will be stored, will be kept secure and will only be made available to authorised persons for purposes associated with the governance of Ngāti Paoa. This is in accordance with the principles of the Privacy Act 1993.

Your Signature

_____ / _____ / _____

Date

Please note, incomplete forms will delay processing



Validation

When you have completed this form, you may have it validated by a Ngāti Paoa Kaumātua in the spaces provided, alternatively, you may send it back to the Ngāti Paoa Trust, who will arrange for its validation by members of the validation committee or the Kāhui Kaumatua Ropu

We, the undersigned Kaumātua, declare that, to the best of our knowledge, the applicant is a member of Ngāti Paoa and is entitled to be included in the Ngāti Paoa Iwi register:

1 - Signature of Kaumātua _____ Date _____

Full Name of Kaumātua _____

2 - Signature of Kaumātua _____ Date _____

Full Name of Kaumātua _____



Whakapapa Please ensure your parent's full names are included in the information below.
Enough **information must be provided to establish a line of descent** back to the principal hapu named on the previous page.
Please only fill in the side of Ngāti Paoa descent.

_____	_____	_____	_____
Father's Full Name	Grandfather		Great Grandfather
Ngāti Paoa? Y/N			_____
	_____		Great Grandmother
	Grandmother	}	_____
	_____		Great Grandfather
	Grandfather		_____
			Great Grandmother
Mother's Full Name			_____
Ngāti Paoa? Y/N			Great Grandfather
	_____		_____
	Grandmother		Great Grandmother

PLEASE FILL IN AS MUCH INFORMATION AS POSSIBLE