



## Iwi Registration Form

Please return completed form to:

Ngāti Paoa Iwi Trust, PO Box 72 - 702, Papakura, Auckland 2244, New Zealand

Email: [admin@ngatipaoaiwi.co.nz](mailto:admin@ngatipaoaiwi.co.nz)

### To register you must be:

- a descendant of Paoa by birth;
- or by Whāngai
- and be able to affiliate to one of the Ngāti Paoa Hapu and Marae as listed within this document

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



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

### Hapu Affiliations (Please tick those that apply)

<input type="checkbox"/> Matekiwaho	<input type="checkbox"/> Ngāti Omakau	<input type="checkbox"/> Ngāti Te Hiko
<input type="checkbox"/> Ngamuri	<input type="checkbox"/> Ngāti Parengaherehere	<input type="checkbox"/> Ngāti Tipa
<input type="checkbox"/> Ngāti Horowhenua	<input type="checkbox"/> Ngāti Rapu	<input type="checkbox"/> Ngāti Tuwhanga
<input type="checkbox"/> Ngāti Huia	<input type="checkbox"/> Ngāti Raukura	<input type="checkbox"/> Ngāti Wharetoi
<input type="checkbox"/> Ngāti Hura	<input type="checkbox"/> Ngāti Rauwhea/ Rauhea	<input type="checkbox"/> Ngāti Whata
<input type="checkbox"/> Ngāti Huruhuru	<input type="checkbox"/> Ngāti Ringatahu	<input type="checkbox"/> Te Hingawaka
<input type="checkbox"/> Ngāti Kahu	<input type="checkbox"/> Ngāti Rurangi	<input type="checkbox"/> Te Mate Tokeroa
<input type="checkbox"/> Ngāti Kauahi	<input type="checkbox"/> Ngāti Taharoku	<input type="checkbox"/> Te Rapupo
<input type="checkbox"/> Ngāti Kohua	<input type="checkbox"/> Ngāti Tahuna	<input type="checkbox"/> Te Rerekau
<input type="checkbox"/> Ngāti Koura	<input type="checkbox"/> Ngāti Tarao	<input type="checkbox"/> Te Uri Karaka
<input type="checkbox"/> Ngāti Mahia	<input type="checkbox"/> Ngāti Te Aho	<input type="checkbox"/> Te Uri o Haupa

**INCOMPLETE FORMS WILL DELAY PROCESSING**



<input type="checkbox"/> Ngāti Ngamuri	<input type="checkbox"/> Ngāti Te Aute	<input type="checkbox"/> Waihina
<input type="checkbox"/> Other (Please specify) _____		
<b>Marae Affiliations (Please tick those that apply)</b>		
<input type="checkbox"/> Rangimarie (Makomako)	<input type="checkbox"/> Raungaunu (Waiti)	<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.

Signed \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

### **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

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:

Signature of Kaumātua \_\_\_\_\_ Date \_\_\_\_\_

Full Name of Kaumātua \_\_\_\_\_

Signature of Kaumātua \_\_\_\_\_ Date \_\_\_\_\_

Full Name of Kaumātua \_\_\_\_\_

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

**PLEASE FILL IN AS MUCH INFORMATION AS POSSIBLE**