

Iwi Registration Form



To register you must:

- Be a descendant of a Ngāti Paoa ancestor, being either:
 - i. Paoa, or
 - ii. a recognised ancestor of one of the Ngāti Paoa hapū listed at page 2
- A person is descended from another person if by birth, or by whāngai according to Ngāti Paoa tikanga.

What is the purpose of becoming a registered person of Ngāti Paoa?

- To be notified of important issues, events and decisions affecting Ngāti Paoa
- To obtain eligibility to vote in Ngāti Paoa Iwi Trust 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 INFORMATION

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other:	<input type="text"/>
First Name :	<input type="text"/>				Last Name :	<input type="text"/>
Maiden Name :	<input type="text"/>				DOB:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Gender :	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other		Whangāi :	<input type="checkbox"/> Yes <input type="checkbox"/> No

CONTACT DETAILS

Mobile PH :	<input type="text"/>	Home PH :	<input type="text"/>
Email Address :	<input type="text"/>		

PHYSICAL ADDRESS

Street Address :	<input type="text"/>		
Suburb :	<input type="text"/>	Country :	<input type="text"/>
City :	<input type="text"/>	Post Code :	<input type="text"/>

POSTAL ADDRESS (If different from physical address)

Street Address :	<input type="text"/>		
Suburb :	<input type="text"/>	Country :	<input type="text"/>
City :	<input type="text"/>	Post Code :	<input type="text"/>

OFFICE USE ONLY

Received by :	<input type="checkbox"/> Post	<input type="checkbox"/> Email	<input type="checkbox"/> Other:	Date Entered :	<input type="text"/> / <input type="text"/> / <input type="text"/>
Entered by:				Membership ID:	<input type="text"/>
Notes:	<input type="text"/>				

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HAPŪ (Tick all that apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Ati Taheke | <input type="checkbox"/> Ngati Manu Aute | <input type="checkbox"/> Ngati Taharoku | <input type="checkbox"/> Tahakoko |
| <input type="checkbox"/> Matekiwaho | <input type="checkbox"/> Ngati Ngamuri | <input type="checkbox"/> Ngati Tahuna | <input type="checkbox"/> Te Aho Mate ki Tatahi |
| <input type="checkbox"/> Ngai Tauaiwi | <input type="checkbox"/> Ngati Omakau | <input type="checkbox"/> Ngati Tarao | <input type="checkbox"/> Te Hingawaka |
| <input type="checkbox"/> Ngati Horowhenua | <input type="checkbox"/> Ngati Paoa O Wharekaho | <input type="checkbox"/> Ngati Taukiri | <input type="checkbox"/> Te Huruhuru |
| <input type="checkbox"/> Ngati Huia | <input type="checkbox"/> Ngati Parengaherehere/Pare | <input type="checkbox"/> Ngati Taurua | <input type="checkbox"/> Te Iwitanupo |
| <input type="checkbox"/> Ngati Hura | <input type="checkbox"/> Ngati Paretipa | <input type="checkbox"/> Ngati Te Aho | <input type="checkbox"/> Te Korohura |
| <input type="checkbox"/> Ngati Huruhuru | <input type="checkbox"/> Ngati Piri | <input type="checkbox"/> Ngati Te Awa | <input type="checkbox"/> Te Kupenga |
| <input type="checkbox"/> Ngati Kaiwhakapae | <input type="checkbox"/> Ngāti Pokai | <input type="checkbox"/> Ngati Te Hiko | <input type="checkbox"/> Te Mate Tokeroa |
| <input type="checkbox"/> Ngati Kapu | <input type="checkbox"/> Ngati Putoa | <input type="checkbox"/> Ngati Te Umu | <input type="checkbox"/> Te Rapupo |
| <input type="checkbox"/> Ngati Kauahi | <input type="checkbox"/> Ngati Rauhea/Rauwhea | <input type="checkbox"/> Ngati Tipa | <input type="checkbox"/> Te Taharoku |
| <input type="checkbox"/> Ngati Koura | <input type="checkbox"/> Ngati Raukura | <input type="checkbox"/> Ngati Tuahuru | <input type="checkbox"/> Te Uri a Haupa |
| <input type="checkbox"/> Ngati Kupenga | <input type="checkbox"/> Ngati Rerekau | <input type="checkbox"/> Ngati Tuwhanga | <input type="checkbox"/> Te Uri Karaka |
| <input type="checkbox"/> Ngati Mahia | <input type="checkbox"/> Ngati Ringatahi | <input type="checkbox"/> Ngati Waitarata | <input type="checkbox"/> Upokotoia |
| <input type="checkbox"/> Ngati Manawa | <input type="checkbox"/> Ngati Rurangi | <input type="checkbox"/> Ngati Whata | <input type="checkbox"/> Waihinu |

MARAE AFFILIATION (Tick all that apply)

Marae : **Makomako** (Rangimarie) **Waiti** (Raungaunu) **Wharekawa** (Whakatiwai) **Other:** _____

PRIVACY STATEMENT

By completing this form, I consent to the collection and use of my personal data, including name, address, contact details, DOB, and whakapapa. This info helps inform me about vital Ngāti Paoa matters, enables election participation, and grants access to member benefits. Incomplete data might affect registration, election participation, or benefits. I can access or correct my information by contacting registration@paoa.co.nz or visiting the Panmure office. Data is securely stored in Tiki-OS, accessible only to authorized personnel. Information is shared for valid functions or legal requirements.

Name: _____

Signature: _____

Date Signed:

 / /

COMPLETED FORMS

Please return completed form by:

POST: Ngāti Paoa Iwi Trust, PO Box 14028, Panmure, Auckland 1741, New Zealand

EMAIL: registration@paoa.co.nz

IN PERSON: 15 Queens Rd, Panmure

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WHAKAPAPA

Please provide *at least* 3 full names in your whakapapa, (one of those must be a parent) and enough information for the validation committee to establish a line of descent . Space for additional whakapapa is provided for on the next page. To begin enter your name in the center and follow the arrows through to your Tupuna (Great Grandparents)

<input style="width: 100%; height: 20px;" type="text"/> Tupuna Matua / Great Grandfather =	<input style="width: 100%; height: 20px;" type="text"/> Tupuna Matua / Great Grandfather =
<input style="width: 100%; height: 20px;" type="text"/> Tupuna Whaea / Great Grandmother ↑	<input style="width: 100%; height: 20px;" type="text"/> Tupuna Whaea / Great Grandmother ↑
<input style="width: 100%; height: 20px;" type="text"/> Kuia / Grandmother	<input style="width: 100%; height: 20px;" type="text"/> Koro / Grandfather
↖	↗
<input style="width: 100%; height: 20px;" type="text"/> Whaea / Mother ↑	
<input style="width: 100%; height: 20px;" type="text"/> Your Name ↓	
<input style="width: 100%; height: 20px;" type="text"/> Matua / Father ↙ ↘	
<input style="width: 100%; height: 20px;" type="text"/> Kuia / Grandmother ↓	<input style="width: 100%; height: 20px;" type="text"/> Koro / Grandfather ↓
<input style="width: 100%; height: 20px;" type="text"/> Tupuna Matua / Great Grandfather =	<input style="width: 100%; height: 20px;" type="text"/> Tupuna Matua / Great Grandfather =
<input style="width: 100%; height: 20px;" type="text"/> Tupuna Whaea / Great Grandmother	<input style="width: 100%; height: 20px;" type="text"/> Tupuna Whaea / Great Grandmother

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ADDITIONAL WHAKAPAPA

KAUMATUA VALIDATION

When you have completed this form, you may have it signed by a Ngāti Paoa Kaumātua in order to aide the Committee in the validation processes. Please be sure to provide a contact number for your kaumatua should further details be requierd.

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:

KAUMĀTUA TUATAHI

Title: Mr Mrs Ms Miss Other

First Name : Last Name :

Mobile PH : Home PH :

Email Address :

Signature: _____

Date Signed: / /

KAUMĀTUA TUARUA

Title: Mr Mrs Ms Miss Other

First Name : Last Name :

Mobile PH : Home PH :

Email Address :

Signature: _____

Date Signed: / /