

Raukawa ki te Tonga Trust Registration form

Please fill in your contact details for the Trust

Raukawa ki te Tonga Trust

MANDATORY INFORMATION

First Name(s)	Surname		
Maiden Name (if applicable)	Date of Birth	Male	Female
Physical Address			
Postal Address (if different to physical address)			
Phone Number	Cellphone Number		
Email Address	Occupation		

Please fill in the relevant details

Father	Grandfather	Great Grandfather	Great Great Grandfather
		Great Grandmother	Great Great Grandmother
	Grandmother	Great Grandfather	Great Great Grandfather
		Great Grandmother	Great Great Grandmother
Mother	Grandfather	Great Grandfather	Great Great Grandfather
		Great Grandmother	Great Great Grandmother
	Grandmother	Great Grandfather	Great Great Grandfather
		Great Grandmother	Great Great Grandmother

If you do not whakapapa to Ngāti Raukawa ki te Tonga but consider you are eligible to register (for example, as a Whangai) please provide supporting information with this registration form.

Children (persons aged 18 years and over should complete their own form)

Name:	Date of Birth	Sex M/F

Iwi / Hapū: Please TICK the Iwi/Hapū to which you affiliate and please CIRCLE your principal Iwi/Hapū.

- | | | |
|--|---|---|
| <input type="checkbox"/> Ngāti Hikitanga | <input type="checkbox"/> Ngāti Huia ki Katihiku | <input type="checkbox"/> Ngāti Huia ki Matau |
| <input type="checkbox"/> Ngāti Huia ki Poroutawhao | <input type="checkbox"/> Ngāti Kapumanawawhiti | <input type="checkbox"/> Ngāti Kauwhata |
| <input type="checkbox"/> Ngāti Kikopiri | <input type="checkbox"/> Ngāti Koroki | <input type="checkbox"/> Ngāti Maiotaki |
| <input type="checkbox"/> Ngāti Manomano | <input type="checkbox"/> Ngāti Ngarongo | <input type="checkbox"/> Ngāti Pare |
| <input type="checkbox"/> Ngāti Pareraukawa | <input type="checkbox"/> Ngāti Parewahawaha | <input type="checkbox"/> Ngāti Pīkiahū ki Poupatate |
| <input type="checkbox"/> Ngāti Pīkiahūwaeae ki Tokorangi | <input type="checkbox"/> Ngāti Rakau | <input type="checkbox"/> Ngāti Rangatahi-Matakore |
| <input type="checkbox"/> Ngāti Takihiku | <input type="checkbox"/> Ngāti Te Au | <input type="checkbox"/> Ngāti Tukorehe |
| <input type="checkbox"/> Ngāti Turanga | <input type="checkbox"/> Ngāti Wehi Wehi | <input type="checkbox"/> Ngāti Whakatere |
| <input type="checkbox"/> Ngāti Raukawa ki te Tonga | <input type="checkbox"/> Other | <input type="checkbox"/> Don't know |

Declaration: I declare that all information on this form is true and correct. I also hereby authorise Ngāti Raukawa ki te Tonga and the Trust to collect such personal information about me as is necessary to support my application.

Signature

Date

Printed Name: _____

Signed on behalf of: _____

Relationship: _____

Printed Name: _____

Privacy Statement

The information you have supplied on this application form will be held on a centralised database under iwi/hapū/marae ownership. Your information will be treated confidentially, no information will be disclosed to third parties without your authorisation except as required by law or with other organisations representing Ngāti Raukawa ki te Tonga interests. You have the right to view your personal information held on the database, this will occur with a nominated iwi/hapū representative and information can be corrected if necessary. Note, deliberately providing inaccurate or false information could render the registration form invalid and result in the removal of your registration from the iwi/hapū/marae register.

Registration Validation

Your registration may need to go through a validation process if your name or whanaū is unfamiliar to iwi/hapū/marae. This will involve members of a validation committee reviewing your application details and making a decision on your application. If your application is not accepted you have the right to a review of that decision. For those applicants who do not know their iwi/hapū/marae an attempt will be made to identify the whakapapa you provide and your linkages to Ngāti Raukawa ki te Tonga.

Registration Form Checklist

Minimum Requirements

- First Name
- Last Name
- Date of birth
- Address
- Signed by the applicant

Incomplete Forms

- If the form does not meet the minimum requirements then the form is deemed to be incomplete.
- Remedy – the details on the form can be entered into the database but cannot be registered. The form will be sent back to the applicant noting those details to be completed.

Private Notice Option

Tick the box if you wish to receive private notice relating to general meetings and postal ballot papers so that you may vote on elections, constitutional amendments and/or the disposal of fisheries settlement assets. The notice will be sent to the address provided on this form. It is your responsibility to ensure that the Trust has up to date contact details for you.

For further information contact:

Alma Winiata-Kenny
PO Box 15012, Ōtaki
(06) 364 9011 ext. 726
027 357 4994
raukawakitonga@twor-otaki.ac.nz

OFFICE USE ONLY

Date Entered: _____

Date Registered: _____

Tuhono ID: _____

Entered By: _____

Verification of Information

1. Printed Name _____

Signature _____

2. Printed Name _____

Signature _____

3. Printed Name _____

Signature _____

4. Printed Name _____

Signature _____

5. Printed Name _____

Signature _____

Approved

Not approved

Comments: _____