

Ngāti Paoa

**APPLICATION
FOR
REGISTRATION**

**on the
NGĀTI PAOA TRIBAL DATABASE**

Please return this form to:

**FREEPOST NGĀTI PAOA
PO Box 1062
PUKEKOHE 2340
NEW ZEALAND**

(no stamp required if posted in New Zealand)

HE WHAKAMĀRAMA

The purpose of this form is to gather information about you for inclusion in the Ngāti Paoa tribal register. Creating and maintaining a tribal register is an essential part of building a proper governance structure for Ngāti Paoa. The register will be used for a number of purposes, including—

- keeping in touch with the membership of Ngāti Paoa;
- determining eligibility to vote in Ngāti Paoa elections; and
- distributing benefits to marae and to individual members of Ngāti Paoa.

Please ensure that you fill out the form fully, including the names of your principal hapū (if you know it) and principal marae. When you have completed the form, you may either have it validated by one or two Ngāti Paoa kaumātua in the spaces provided, or you may send it back to The Ngāti Paoa Trust, who will arrange for its validation.

PRIVACY & CONFIDENTIALITY

Please be assured that the information gathered by this form will only be used for tribal purposes—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. The Trust is committed not just to observing the principles of the Privacy Act 1993 but also to protecting the mana of individuals, hapū and Ngāti Paoa as a whole.

FURTHER INFORMATION

If you have any comments, questions or concerns about this form or the registration process in general, please speak with one of the following members of the Trust:

<i>George Kahi</i>	027 432 1361	<i>Pirihira Kaio</i>	09 372 6112
<i>Anahera Sadler</i>	022 607 9571	<i>Ripeka Stout</i>	09 232 2626
<i>Joe Tupuhi</i>	07 853 5061	<i>Ted Andrews</i>	027 662 8967
<i>Gary Thompson</i>	021 542 627		

PERSONAL INFORMATION

LAST NAME: _____ MR/MRS/MS/DR/OTHER: _____

FIRST NAME(S): _____

MAIDEN NAME (IF APPLICABLE): _____

PRINCIPAL HAPŪ (IF KNOWN): _____

OTHER HAPŪ: _____

PRINCIPAL MARAE: _____

DATE OF BIRTH: _____ GENDER: M / F
DAY MONTH YEAR

POSTAL ADDRESS: _____

TELEPHONE (HOME): _____ (WORK): _____
AREA CODE AREA CODE

E-MAIL: _____ (MOBILE): _____

WHAT IS THE BEST WAY TO CONTACT YOU IF WE NEED MORE INFORMATION ABOUT THIS FORM?

PRIVACY ACT

The information gathered by this form will be used by Ngāti Paoa solely for the purpose of establishing and operating a tribal database.

DECLARATION

I DECLARE THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT:

YOUR SIGNATURE: _____ DATE: _____
(PARENTS MAY SIGN FOR CHILDREN UNDER 16)

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 TRIBAL REGISTER:

SIGNATURE OF KAUMATUA: _____ DATE: _____

FULL NAME OF KAUMATUA: _____

SIGNATURE OF KAUMATUA: _____ DATE: _____

FULL NAME OF KAUMATUA: _____

