**REGISTRATION FORM**

Mr/Mrs/Miss/Ms

(First Name/s) (Surname)

Preferred Name Maiden/Other Surname

Address:

Town Post Code Country

Home Phone Occupation

Mobile Phone Email

Are You Registered with Ngāi Tahu Yes 🗌 No 🗌 If yes, what is your registration number

The runanga office sends e-panui to email as listed above, you may opt out of this at any time. Alternatively, this can be posted to you*. Do You Wish To Receive Correspondence By Email or Post?* Email **🗌** Post **🗌**

**PLEASE COMPLETE WHAKAPAPA CHART ON THE SECOND PAGE OF THIS FORM**

**PLEASE LIST THE 1848 KAUMĀTUA THAT YOU CLAIM YOUR TE RUNANGA o WAIHAO DESCENT FROM**

***Attention is drawn to Sections 7, 8, & 13 of the “Te Rūnanga o Ngai Tahu Act 1996”,  
 together with the 1848 list of Ngai Tahu Kaumātua (generally referred to as the Blue Book)***

|  |  |  |
| --- | --- | --- |
| **1848 Kaumatua** | **Kaumātua Number** | **File Number** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |

**DECLARATION:**

**I do solemnly and sincerely declare:**

That I was born at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on the\_\_\_\_\_\_\_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_of the year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(A copy of the applicant’s **full birth certificate** can be attached to this application (Optional). Do not send originals, as they will **not** be returned)

* That I am Ngai Tahu in terms of the “Te Runanga o Ngai Tahu Act 1996”
* That I am a **blood** descendant of the 1848 Kaumatua of Te Runanga o Waihao iwi as listed above
* That the Whakapapa on the reverse side of this form indicating my **blood** descent from the said “1848 Kaumatua” is true and correct

I acknowledge that the information contained in this form provided by me to Te Runanga o Waihao Inc is subject to the Privacy Act 1993; and that by signing this form, I agree that Te Runanga o Waihao Inc may use this information to maintain its Papatipu Runanga voting rolls, contact databases and any other purpose which Te Runanga o Waihao considers reasonable, whilst performing its statutory role.

**SIGNATURE** Date

***(Parents*** *or* ***Guardians*** *may sign this application on behalf of minors)*

***Check List***

**🗌** Entered **FULL NAME** and **CONTACT DETAILS**. **Office use Only**

**🗌 SIGNED** and **DATED** the application.  **DB No** \_\_\_\_\_\_\_\_\_\_

**🗌 COMPLETED WHAKAPAPA** details on the back of this. **🗌**  **Date Received** \_\_\_/\_\_\_/\_\_\_

**🗌 ENCLOSED** a copy of full birth certificate. **🗌**  **Presented to Meeting** \_\_\_/\_\_\_/\_\_\_

**🗌**  **Date Entered** \_\_\_/\_\_\_/\_\_\_

**Post to:** Te Rūnanga o Waihao, 26 Māori Road, RD 10, WAIMATE 7980

***This application will not be accepted unless fully completed.***

**Te Rūnanga o Waihao Whakapapa**

