



Te Rūnanga o Waihao
 26 Māori Road, Waimate
 RD 10, Waimate, 7980
 Phone 03 689 4726
 Email: waihao.manager@ngaitahu.iwi.nz

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**.
- SIGNED** and **DATED** the application.
- COMPLETED WHAKAPAPA** details on the back of this.
- ENCLOSED** a copy of full birth certificate.

Office use Only

DB No _____
 Date Received _____/_____/_____
 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

The beneficiary's full name and the names of both parents should be given thereafter it is necessary to trace only the line of descent back to the original "1848 Kaumatua" of the Ngai Tahu iwi mentioned in the declaration.

