

**SCHEDULE 3
Registration Form**

Te Aitanga a Mahaki Registration Form

Last Name: Maiden Name:

Christian Names:

Address: Birth Date:/...../..... M/F (*delete one*)

..... Phone:

..... Occupation:

Email:

(send an email to registrar@mahaki.com to verify)

Children (*Children over 18 should complete their own form with their addresses*)

1] Birth Date:/...../..... M/F (*delete one*)

2] Birth Date:/...../..... M/F (*delete one*)

3] Birth Date:/...../..... M/F (*delete one*)

4] Birth Date:/...../..... M/F (*delete one*)

5] Birth Date:/...../..... M/F (*delete one*)

6] Birth Date:/...../..... M/F (*delete one*)

Marae and Hapu Affiliation (*Tick your option*)

Marae			Nga Hapu	
<input type="checkbox"/> Mangatu	<input type="checkbox"/> Matawai	<input type="checkbox"/> Takipu	<input type="checkbox"/> Ngati Wahia	<input type="checkbox"/> Ngapotiki
<input type="checkbox"/> Pakohai	<input type="checkbox"/> Rongopai	<input type="checkbox"/> Takitimu	<input type="checkbox"/> Te Whanau a Kai	<input type="checkbox"/> Ngariki
<input type="checkbox"/> Mokonui a Rangi	<input type="checkbox"/> Rangatira	<input type="checkbox"/> Tarere	<input type="checkbox"/> Ngai Tuketenui	<input type="checkbox"/> Ngai Tamatea
<input type="checkbox"/> Tapuihikitia	<input type="checkbox"/> Parihimanihi	<input type="checkbox"/> Ngatapa	<input type="checkbox"/> Te Whanau a Iwi	<input type="checkbox"/> Te Whanau a Taupara
<input type="checkbox"/> Wainui Village	<input type="checkbox"/> Te Waero o Kura	<input type="checkbox"/> Taihamiti		

I declare that the information given in this application is true and correct and is to be used only for the benefit of Te Aitanga a Mahaki, for the benefit of Marae and Hapu of Te Aitanga a Mahaki, and for no other reason.

Private Notice Option: Tick this 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, conversion or disposal of settlement quota. The notice will be sent to the address provided on this form.

Signature Date:/...../.....

(Applicant)

Privacy

Te Aitanga a Mahaki Trust will in accordance with the provisions of the Privacy Act 1993, make available to you upon request the personal information it holds about you and will make any appropriate corrections to that information to ensure that the information held is accurate.

Register Confirmation:

I recommend that the above named person be entered on Te Aitanga-a-Mahaki Register of Beneficiaries and hereby endorse the application.

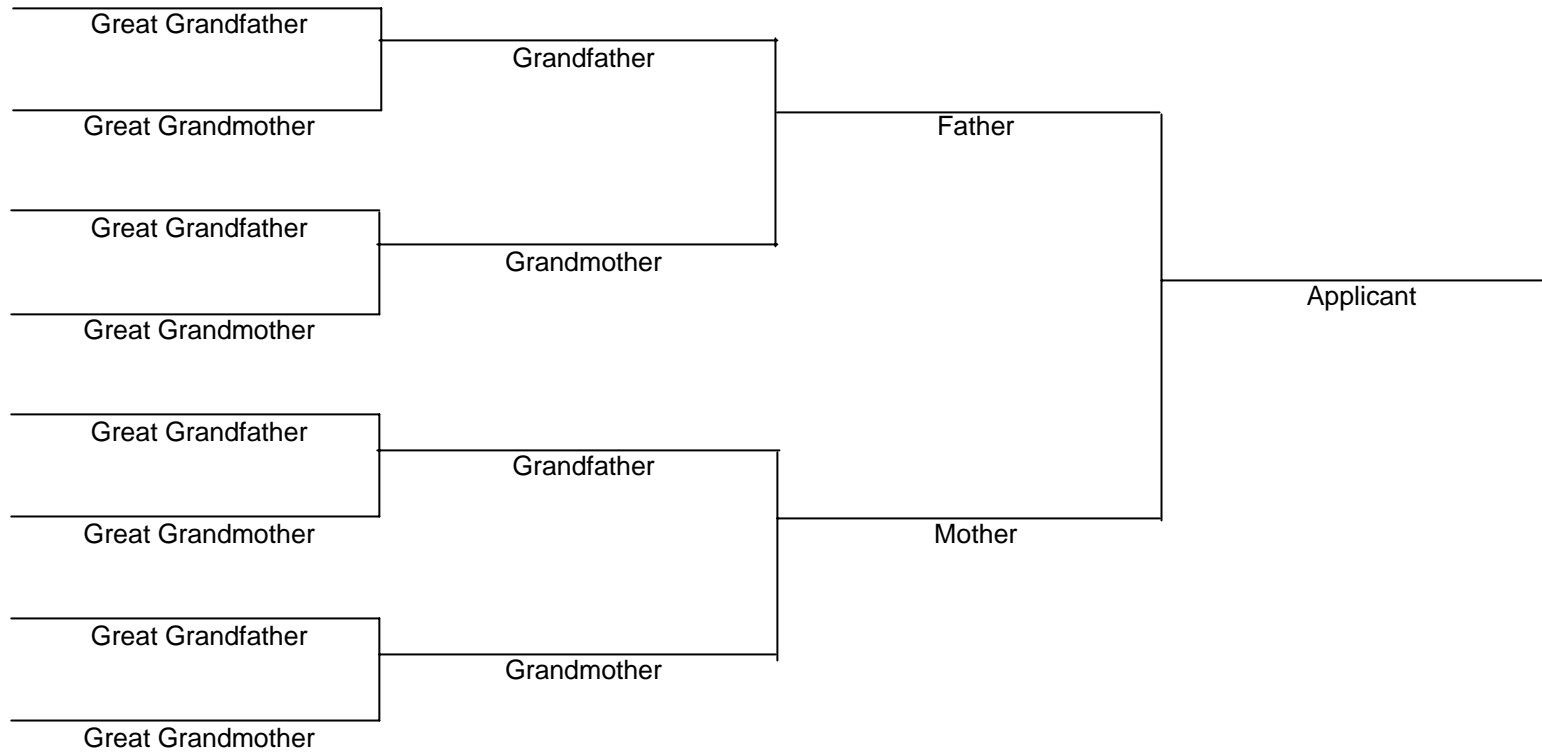
Endorsed by: Position:

Marae/Hapu: Signature: Date:/...../.....

Note: *Could you send us the names and addresses of your brothers and sisters so that we may be able to contact them. Please fill out the whakapapa chart over the page.*

WHAKAPAPA

(Three generations of whakapapa from the applicant is required for registration with Te Aitanga a Mahaki)



Please return completed Forms to:
The Registrar
 Te Aitanga a Mahaki Trust
 PO Box 2116
 GISBORNE
 Email: registrar@mahaki.com

Contact address:
 First Floor
 Nga Waierua Building
 Lowe Street
 Phone/Fax: (06) 868 7733