

Te Aitanga a Mahaki Registration Form

No: _____

Person Details

Last Name:

Any other names known by:

Christian Names:

Birth Date: M / F /Transgender *(circle one)*

Tick if you are a whangai

Tick if you are legally adopted

Contact Details

Address:

Phone: Mobile:

.....

Occupation:

Country:

Email:

.....

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

1]	Birth Date:/...../.....	M/F <i>(delete one)</i>
2]	Birth Date:/...../.....	M/F <i>(delete one)</i>
3]	Birth Date:/...../.....	M/F <i>(delete one)</i>
4]	Birth Date:/...../.....	M/F <i>(delete one)</i>
5]	Birth Date:/...../.....	M/F <i>(delete one)</i>
6]	Birth Date:/...../.....	M/F <i>(delete one)</i>

Marae and Hapu Affiliation

Marae *Tick your option(s)*

Mangatu Matawai Parihimanihi Ngatapa

Pakohai Rongopai Takitimu Takipu

Tapuihikitia Rangatira Tarere Te Wainui

Other(s):

Nga Hapu *Tick your option(s)*

Te Whanau A Taupara Ngati Matepu Ngati Wahia

Te Whanau A Kai Ngati Kohuru Ngariki

Te Whanau A Iwi Ngapotiki

Ngai Tuketenui Ngai Tamatea

Other(s):

Te Aitanga A Mahaki claims that relate to me *Tick your option(s)*

Te Aitanga A Mahaki - WAI 274, 283, 957

Te Whanau A Wi Pere - WAI 323, 895

Wi Haronga/Ngati Matepu - WAI 995

Ngariki - WAI 507, 499, 874

Te Whanau A Kai - WAI 892

Terekia/Tamatea Whanau - WAI 2380

Te Aitanga A Mahaki Entities *Tick your option(s) and provide your beneficiary or shareholder number if you are registered with one or more of the following entities*

Te Aitanga A Mahaki Trust (No:) Mangatu Blocks Incorporated (Shareholder No:)

Wi Pere Trust (No:)

Privacy Statement & Declaration

I, [NAME, OF] state as follows:

1. I am of Te Aitanga A Mahaki.
2. I have provided my whakapapa detailing my tribal affiliations to Te Aitanga A Mahaki in this registration form.
3. I apply to be registered OR I do not wish to be registered - as a member of Te Aitanga A Mahaki Trust *Please tick your option*
4. I understand that Te Aitanga A Mahaki Trust, as the mandated entity charged with negotiating settlement of Te Aitanga A Mahaki's historical claims will collect this information in accordance with the Privacy Act 1993.
5. I consent to my personal details being held by the Te Aitanga A Mahaki Trust for the comprehensive settlement of all historical Treaty claims (including those specifically of my claimant group as indicated on my registration form).
6. I consent to the use of this information by Te Aitanga A Mahaki Trust or any related or succeeding body solely for ongoing communication and ratification purposes of a Deed of Settlement or settlement through the Waitangi Tribunal.
7. I declare all the information contained on this Registration Form to be true and correct.

Signature:

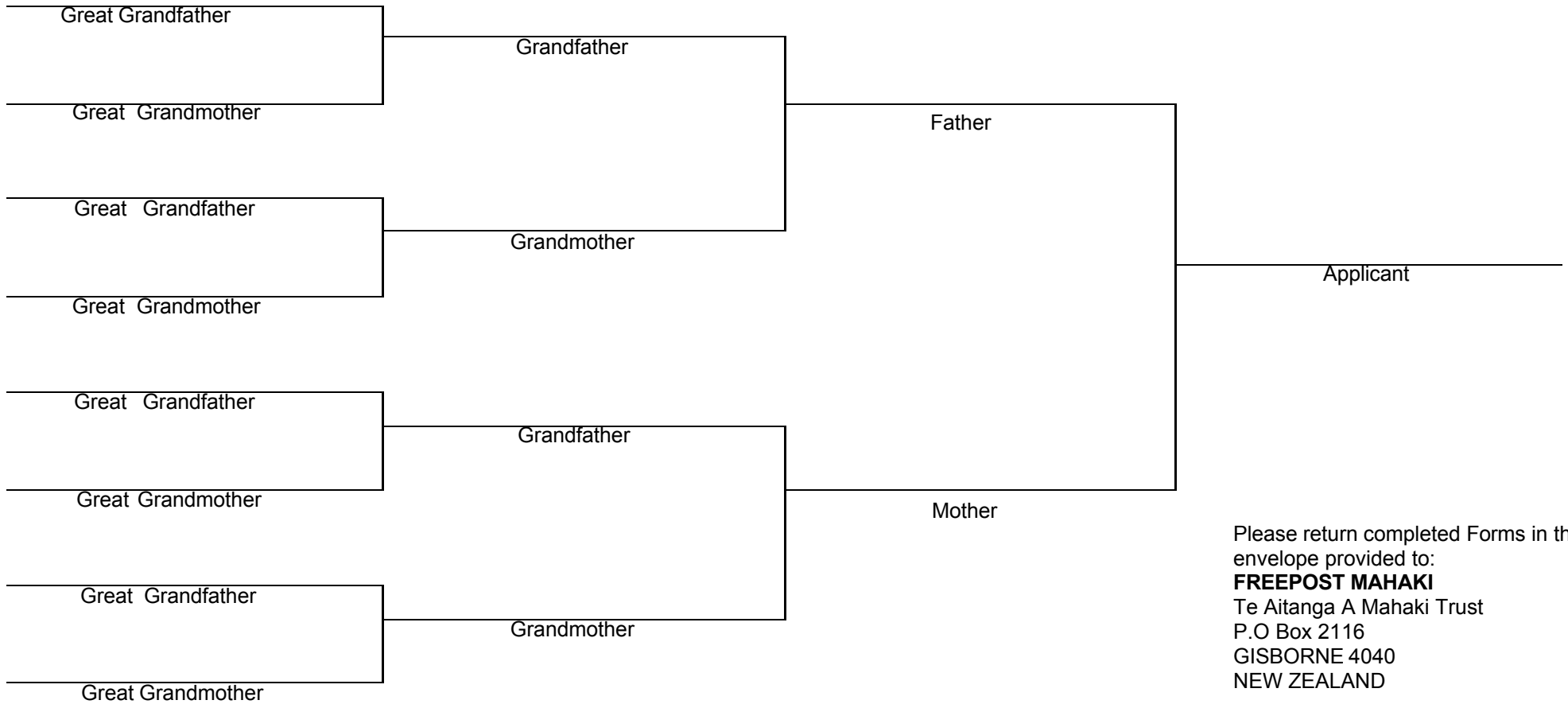
Date:/...../.....

Please fill out the whakapapa chart overleaf

(Applicant)

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

WHAKAPAPA



Please return completed Forms in the envelope provided to:
FREEPOST MAHAKI
 Te Aitanga A Mahaki Trust
 P.O Box 2116
 GISBORNE 4040
 NEW ZEALAND

Office Use:

Whakapapa Confirmation:

I confirm that the above named person is of Te Aitanga a Mahaki descent & that they be entered on Te Aitanga-a-Mahaki Register of Beneficiaries.

Te Aitanga A Mahaki Trust:

Endorsed by: Position: Date:/...../.....

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

Endorsed by: Position: Date:/...../.....