

TE RUNANGA O NGATI RUANUI WHAKAPAPA REGISTRATION FORM

This form is to be completed by people who consider they whakapapa to Ngati Ruanui (including Tangahoe & Pakakohi) and wish to be registered on the Te Runanga o Ngati Ruanui (**Te Runanga**) Beneficiaries Register. All persons listed on the Register will be entitled to participate in the benefits of Te Runanga. Registered Beneficiaries, who are over the age of 18, will also be able to vote on matters relating to Ngati Ruanui. The Beneficiaries Registration Committee (BRC) will check this form, once completed and received, and if the BRC does not accept your registration you will be notified. You will be able to appeal to Te Runanga, whose decision shall be final.

A. PERSONAL DETAILS

Mr Mrs Miss Ms Master (Please circle one)

Surname (Ingoa Whanau): _____ (nee) _____

Christian Name/s (Nga Ingoa): _____

Name of Spouse or Partner: _____

If your spouse or partner is of Ngati Ruanui descent they will be required to complete their own registration form

Address: _____

Contact Telephone/Fax/Email: _____

A contact number may be required should we require further information

Date of Birth: ____/____/19____ (Only persons over the age of 18 will be able to vote on Ngati Ruanui matters)

Occupation: _____ Qualifications: _____

Child/ren: (Please indicate if you have any taurima (adopted) children)

Full Name	M/F	Address (If not the same as above)	Birthdate	Taurima Y/N

If you have more children please use space provided on the next page

Landblock in the rohe you are or may be a beneficiary of: _____

Name of living Ngati Ruanui relative: _____

Contact number or address of your Ngati Ruanui relative: _____

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WHAKAPAPA REGISTRATION FORM

B. HAPU AND MARAE AFFILIATIONS

Nominate all of the hapu that you wish to vote for in the next elections by ticking that hapu. You must also write in the column provided the hapu tupuna or any other information/evidence that you affiliate to the hapu that you select.

Please note that, in accordance with Te Runanga's Trust Deed, you will have one whole vote in elections of Hapu Representatives for the Hapu that you tick below. Therefore, if you tick more than one hapu, your one whole vote will be split equally between the hapu you tick (for example, if you tick two hapu below you will have a ½ vote in each election of Hapu Representatives for both hapu).

The tupuna you name on this form (in Part B. & Part C.) should be descendants of Ruanui-a-Pookiwa or a recognised ancestor of Tangahoe, Pakakohi or the hapu listed below and should also be descendants of a tupuna who exercised customary interests in the Ngati Ruanui traditional area of interest in 1840.

(Please tick the box next to your hapu affiliations)

HAPU	<input checked="" type="checkbox"/>
Ahitahi	<input type="checkbox"/>
Araukuku	<input type="checkbox"/>
Hamua	<input type="checkbox"/>
Hapotiki	<input type="checkbox"/>
Nga Ariki	<input type="checkbox"/>
Ngati Hawe	<input type="checkbox"/>
Ngati Hine	<input type="checkbox"/>
Ngati Kotuku	<input type="checkbox"/>
Ngati Ringi	<input type="checkbox"/>
Ngati Takou	<input type="checkbox"/>
Ngati Tanewai	<input type="checkbox"/>
Ngati Tupaea	<input type="checkbox"/>
Ngati Tupito	<input type="checkbox"/>
Rangitaawhi	<input type="checkbox"/>
Tuatahi	<input type="checkbox"/>
Tuwahaehu	<input type="checkbox"/>

(Please tick the box next to your marae affiliations)

MARAE	<input checked="" type="checkbox"/>
Whakaahurangi	<input type="checkbox"/>
Ketemarae	<input type="checkbox"/>
Taiporohenui	<input type="checkbox"/>
Ngatiki	<input type="checkbox"/>
Meremere	<input type="checkbox"/>
Mokoia Pa	<input type="checkbox"/>
Pariroa Pa	<input type="checkbox"/>
Wharepuni	<input type="checkbox"/>
Manutahi (Te Takere)	<input type="checkbox"/>
Wai-o-Turi	<input type="checkbox"/>
Whenuakura	<input type="checkbox"/>

If you know of any **Ngati Ruanui whanau members** that wish to register with us please use the space below:

(Please indicate if you are using this space for your children's details – **Children Continued**)

Full Name	M/F	Address (If not the same as above)	Birthdate	Contact Number

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C. WHAKAPAPA DETAILS

You need only enter your Ngati Ruanui (including Tangahoe & Pakakohi) tupuna.

Your name		
Father	Grandfather	Great Great-grandfather Great Great-grandmother
Mother	Grandmother	Great Great-grandfather Great Great-grandmother
Grandfather	Grandfather	Great Great-grandfather Great Great-grandmother
Grandmother	Grandmother	Great Great-grandfather Great Great-grandmother
Recognised Tupuna:		

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D. PRIVATE NOTICE OPTION

Tick the 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.

E. PRIVACY STATEMENT

Any information received will be held by or for Te Runanga and certain bodies related to Te Runanga. You have certain rights under the Privacy Act 1993 to see and correct personal information that Te Runanga holds about you.

The information will be used to enable Te Runanga to identify as many Ngati Ruanui (including Tangahoe & Pakakohi) individuals as possible, including the marae and hapu to which they affiliate, so that as many individuals as possible are informed of Ngati Ruanui matters. The information will also be used to identify those who may take part in any electoral process relating to Ngati Ruanui (including Tangahoe & Pakakohi) and/or derive any entitlements as Beneficiaries in the future.

Finally, information may be shared with users who comply with our Privacy Policies.

Qualifications will be useful for our database on skilled personnel.

F. SIGNED & DATED

I acknowledge the above and consent to the disclosure of my personal information to any authorised entity related to Te Runanga o Ngati Ruanui and I declare the information provided is correct.

Signature: _____

Today's date: ____/____/20__

For any comments or further details

YOU MUST COMPLETE AS MUCH OF THIS FORM AS POSSIBLE. IF YOU DO NOT PROVIDE ENOUGH INFORMATION YOUR APPLICATION FOR REGISTRATION MAY BE DELAYED OR DECLINED. ALL INFORMATION PROVIDED WILL REMAIN STRICTLY CONFIDENTIAL.

PLEASE RETURN THIS FORM TO:

**Ruanui Registrations
Freepost 104999 (For postage in New Zealand only)
PO Box 594
HAWERA 4800
NEW ZEALAND**

FOR OFFICE USE ONLY

V1: _____ V2: _____

Entered: ____/____/20__

Date Stamp