

Ngai Tai ki Tamaki URI REGISTRATION FORM

If you descend from our Ngāi Tai ancestor Te Whatatau (Te Whataatao) or a recognised ancestor from Ngāti Te Raukohekohe, Ngāti Kōhua, Ngāti Rangitawhia including the following groups Ngāti Taimanawaiti, Ngāti Taihaua, Te Uri o Te Ao, then please fill out this form.

LAST NAME..... MAIDEN NAME.....
FIRST NAME.....
ADDRESS..... BIRTH DATE...../...../..... M/F (CIRCLE ONE)
..... PHONE.....
..... OCCUPATION.....
EMAIL..... QUALIFICATIONS.....

SPOUSE/PARTNER DETAILS

LAST NAME..... MAIDEN NAME.....
CHRISTIAN NAMES..... BIRTH DATE...../...../..... M/F (CIRCLE ONE)
IWI AFFILIATION.....

Your CHILDREN (Under 18), Children 18 years or older must fill in their own form.

1)..... BIRTH DATE...../...../..... M/F (CIRCLE ONE)
2)..... BIRTH DATE...../...../..... M/F (CIRCLE ONE)
3)..... BIRTH DATE...../...../..... M/F (CIRCLE ONE)
4)..... BIRTH DATE...../...../..... M/F (CIRCLE ONE)
5)..... BIRTH DATE...../...../..... M/F (CIRCLE ONE)

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 on this form.

PRIVACY – Ngai Tai Ki Tamaki Tribal 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 ensure that the information held is accurate.

I declare that the information given in this application is true and correct and is to be used only for the benefit of Ngai Tai Ki Tamaki Tribal Trust and for the benefit of the people of Ngai Tai Ki Tamaki. I also undertake to update this information if and when my circumstances or details change.

Signature (applicant)..... DATE/...../.....

----- (FOR OFFICE USE ONLY)-----

I recommend the above named person be entered in to the Ngai Tai Ki Tamaki beneficiary register.

Endorsed by..... Position.....

Signature..... DATE...../...../..... REG NO.....

PLEASE COMPLETE AND SEND BOTH FORMS TO

Ben Roll Officer,
P.O Box 59,
BEACHLANDS,
AUCKLAND 2147

WHAKAPAPA

To Tipuna Mātua

To Koroua

To Tipuna Whāea

To Mātua

To Tipuna Mātua

To Kuia

To Tipuna Whāea

TO INGOA

To Tipuna Mātua

To Koroua

To Tipuna Whāea

To Whāea

To Tipuna Mātua

To Kuia

To Tipuna Whāea