

TĀTAU TĀTAU O TE WAIROA REGISTRATION FORM

Tātau Tātau o Te Wairoa Trust is the Post Settlement Governance Entity (PSGE) that has been ratified to receive and administer the Settlement Assets on behalf of the Iwi and Hapū of Te Rohe o Te Wairoa. This is for the benefit of the present and future members in accordance with the Tātau Tātau o Te Wairoa Trust Deed.



- Any person over 18 years of age, who can Whakapapa to an Iwi and Hapū of Te Rohe o Te Wairoa, may register. Children of those persons who can demonstrate Whakapapa may also be registered.
- Whāngai and legal adopted persons are also eligible to register.
- **Section 1** (Personal Information and Contact Details) and **Section 2** (Whakapapa) are mandatory. Please fill out **Section 3** if applicable.
- This registration form will be entered in to the Tātau Tātau o Te Wairoa Trust database which will be available to all Kāhui Beneficial Entities and Marae.
- All Whakapapa details will be kept confidential to the Tātau Tātau o Te Wairoa Trust and all Kāhui Beneficial Entities and Marae. If further Whakapapa details are required we will make contact with you.

Please return the completed form to:

- Tātau Tātau o Te Wairoa Trust, Marine Parade West, PO Box 61, Wairoa 4160
- or email register@ttotw.iwi.nz

Section 1: Personal Information and Contact Details

Please tick one of the boxes: Adult – Whakapapa Member Adult – Whāngai Member (18 years and older)

Note: For any children 17 years and younger please complete **Section 3**

Surname: _____

First Names: _____

Date of Birth: ____/____/____ Title: Mr Mrs Miss Ms Other: _____ Gender: M F

Maiden Name: (if applicable) _____

Spouse or Partner Name: (if applicable) _____

Home Address: _____

Postal Address: _____

Email: _____

Phone Number: _____ Mobile Number: _____

Signature: (18 Years and over) _____ Date: _____

Please note: In signing this form I declare that the information provided is, to the best of my knowledge, true and accurate and I agree that the information provided will be used to maintain a database for voting and contact purposes and that this database and the information provided as part of this registration will be made available to all Kāhui Beneficial Entities and Marae.

Section 2a: Whakapapa – Kāhui (Cluster)

Please provide details of the Iwi, Hapū and Marae from Te Rohe o Te Wairoa that you affiliate to:

1

Iwi: _____

Hapū: _____

Marae: _____

3

Iwi: _____

Hapū: _____

Marae: _____

2

Iwi: _____

Hapū: _____

Marae: _____

4

Iwi: _____

Hapū: _____

Marae: _____

Please place a tick for **all** of your Kāhui (Cluster) affiliation for which you can provide valid **whakapapa** as indicated above.

- NGĀTI RĀKAIPAACA
- NGĀ TOKORIMA A HINEMANUHIRI
- RONGOMAIWAHINE IWI
- TE WAIROA TAPOKORAU MAI TAWHITI
- TE WAIROA TAPOKORAU WHĀNUI
- TE HONONGA O NGĀ AWA
- WHAKAKĪ-NUI-A-RUA

NOTE: For further information on the Hapū and Marae of each Kāhui (Cluster), please go to our website at totw.iwi.nz

Please provide additional details that may benefit us identify your whakapapa.

Section 2b: Whakapapa – Personal

Please provide details of your tipuna who descend from an ancestor of an Iwi and Hapū of Te Rohe o Te Wairoa. If you are not sure, please add as much detail as you think will help to verify your Whakapapa. If you do not provide enough information you may be asked to provide additional information to enable registration to be completed.

Your Name

Father

Grandfather

Grandmother

Great Grandfather

Great Grandmother

Mother

Grandfather

Grandmother

Great Grandfather

Great Grandmother

Great Grandfather

Great Grandmother

The Privacy Act 2020

The information that you supply on this registration form will be held by Tātau Tātau o Te Wairoa Trust. Failure to complete all sections truthfully will render this registration invalid. The information will be held in the Tātau Tātau o Te Wairoa Trust database and will be subject to rules of access. No information will be disclosed to third parties without your express permission. You have a right to view your personal information held by Tātau Tātau o Te Wairoa Trust upon request by you and will make any appropriate corrections to that information to ensure that the information held is accurate.

Section 3: Children 17 Years and Under

Please enter all your children, or children who are in your care, who are aged 17 years and younger:

Name: _____	Date of Birth: ____/____/____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Name: _____	Date of Birth: ____/____/____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Name: _____	Date of Birth: ____/____/____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Name: _____	Date of Birth: ____/____/____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Name: _____	Date of Birth: ____/____/____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Name: _____	Date of Birth: ____/____/____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Name: _____	Date of Birth: ____/____/____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Name: _____	Date of Birth: ____/____/____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F

Signature of Parent / Guardian: _____

Any further enquiries please contact:

Postal – Tātau Tātau o Te Wairoa Trust, Marine Parade West, PO Box 61, Wairoa 4160

Email – register@ttotw.iwi.nz

Phone - (06) 261 4100

Office use only

Date Received: _____

Registration No: _____

Date Verified: _____

Validated By: _____

