



Personal details

First name

Middle names

Surname

Address

Postcode

City

Country

Contact phone

Email

Date of birth

Gender

If you have children under the age of 18 years please record their details below

Please note: if your children are over the age of 18 they must complete their own enrolment form

Full Name

Date of birth

Gender

Partner details (If applicable)

First name

Middle names

Surname

Home phone

Work phone

Mobile phone

Marae affiliation

Ancestral Marae (please select one)

Whanau marae (please select one)

Hapu affiliation

Please tick as many you wish to indicate the HAPU you affiliate to

Te Uri o Hau

Ngai Tahu

Ngati Tahinga

Ngati Rangi

Ngati Mauku

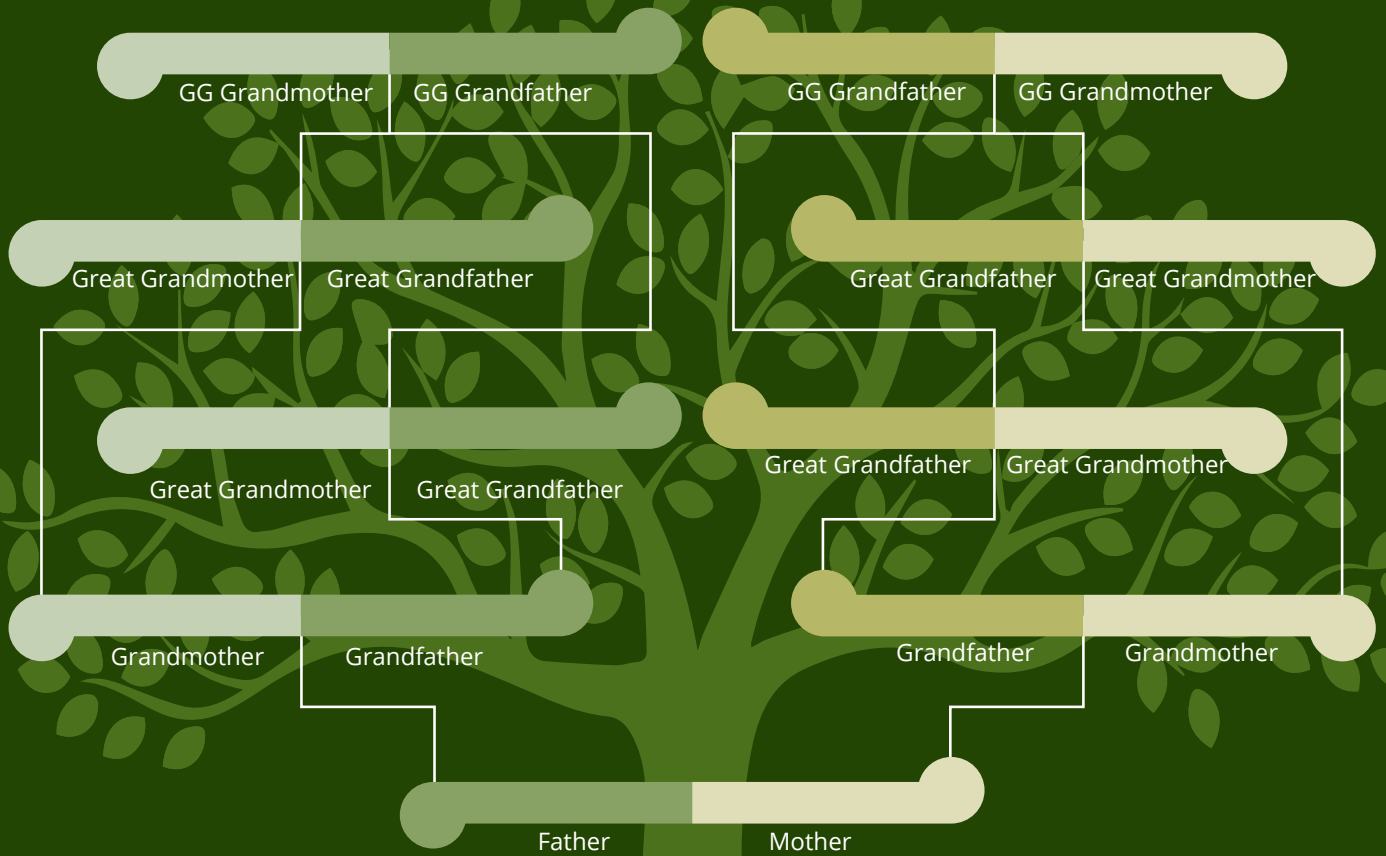
Ngati Kauae

Ngati Kura

Ngati Kaiwhare

Whakapapa – Family tree

You must provide as much detail as possible to confirm your whakapapa/blood connection to te uri o hau.



Issue (Nga Tamariki)

If you have children under the age of 18 years record their details on this registration form. Beneficiaries under the age of 18 years will be registered but will not be able to vote until their 18th birthday. All persons 18 years and over will need to complete a separate registration form.

Spouse/Partner

If your spouse/partner can whakapapa (is a blood descendant) to Te Uri o Hau then he/she will need to complete a separate enrolment form. A spouse/partner who is unable to whakapapa to Te Uri o Hau can be entered on your enrolment form but will not be registered as a beneficiary.

Change of Address

It is the responsibility of the beneficiary to communicate any change in circumstance to the office, for example, if you move house or have children.

Privacy Policy

Te Uri o Hau Settlement Trust will in accordance with the provisions as set out in the Privacy Policy (Section 1.5.2) and set out in the Privacy Act 1993, make available to you upon request the personal information it holds about you and will make any correction to ensure that the information held about you is correct. All information will be kept strictly confidential and will not be passed on to any third party without your written consent.

Signature of Applicant: _____ Date: / /

The Board of Trustees reserves the right to disallow any application because of insufficient or incorrect information. The onus for inclusion onto the Te Uri o Hau Beneficiary Register is on the applicant and not the Board of Trustees. Please return your completed enrolment form to: Freepost 236573, Te Uri o Hau Settlement Trust, Beneficiary Registrar, PO Box 657, Whangarei 0140.

As a kaumatua/kuia of the Te Uri o Hau Settlement Trust Taumata Kaunihera (Tribal Council) for the ancestral marae WAIKARETU, WAIHAUA, OTAMATEA, ORUAWHARO (cross out exclusions), accept and endorse this application for

_____ in that he/she is a descendant of Haumoewaarangi and/or affiliates to one or more of the tribal groups of Te Uri o Hau, Ngai Tahu, Ngati Rangī, Ngati Mauku, Ngati Kauae and Ngati Kura. I hereby authorise that the applicant is a beneficiary of Te Uri o Hau hapu.

Signed: _____ Name: _____ Date: / /