

BENEFICIARY REGISTRATION FORM



Please return completed and signed form to: *Te Runanga O Whaingarua Iwi Registrations*
Cnr. Waikare and State Highway 10, PO Box 88 Kaeo, Northland 0448 Phone: 09 405 0340 or
 Email: registrations@whaingarua.iwi.nz

WHO CAN REGISTER?	WHY REGISTER?
<ul style="list-style-type: none"> To be eligible to register you must be a descendant of Whangarua, and Affiliate to any of the Marae or Hapū within the Whangarua Rohe Whāngai on their own behalf or by their legal guardian 	<ul style="list-style-type: none"> To be notified of important issues and decisions affecting Whangarua To receive information and benefits you may be entitled to To have a say. Iwi registrants 18 yrs+ can vote

Personal Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Member ID#:
First Names:		Surname:
Alias or Nickname:		Maiden Name:
Date of Birth:		Gender <input type="checkbox"/> Tāne <input type="checkbox"/> Wāhine <input type="checkbox"/> _____
Spouse Name:		Spouse Iwi:
Whāngai:	<input type="checkbox"/> Please tick if you are Whāngai	

Address Details

Home Address:			
		City:	
Suburb:		Postcode:	
Postal (if app.):	PO Box		
Suburb:		City:	
		Postcode:	

Contact Details:

Phone:		Mobile:
E-Mail:		<input type="checkbox"/> I DO NOT want my e-mail on the mailing list

Education:

Occupation:		
Highest Qual:		Education:

Te Reo Level: None Beginner Intermediate Advanced Fluent

Tamariki Details (I am a Parent or Legal Guardian/Caregiver (provide details if guardian or caregiver):

If any of your Tamariki are over 18 please have them complete a separate Registration Form

Name of Issue: First, Middle, Last Name	Birthdate	M/F	Registration ID (Office use only)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

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Tick the **Primary Marae** you affiliate to (Only one Marae):

<input type="checkbox"/> Mangatōwai	<input type="checkbox"/> Taupō	<input type="checkbox"/> Te Huia, Pupuke
<input type="checkbox"/> Ngātīruamahue, Wainui	<input type="checkbox"/> Kahukura Ariki, Waitaruke	<input type="checkbox"/> Tai Tokerau, Waihapa
<input type="checkbox"/> Tākou Bay	<input type="checkbox"/> Kiripaki, Te Ngaere	<input type="checkbox"/> Karangahape, Matangirau
<input type="checkbox"/> Te Tangata	<input type="checkbox"/> Mangaiti	<input type="checkbox"/> Te Aroha, Ōtangaroa (Mangawhero)
<input type="checkbox"/> Taemāro	<input type="checkbox"/> Whakaari/ Pukehuia	Other:
<input type="checkbox"/> Te Awaroa, Te Tahaawai	<input type="checkbox"/> Te Wātea, Patunga	

Tick those **Hapū** you are able to affiliate to:

<input type="checkbox"/> Ngāti Kawau – Kaitangata – Matangirau	<input type="checkbox"/> Ngāti Uru, Ngāti Pakahi – Mangaiti	<input type="checkbox"/> Ngātikohu – Waitaruke
<input type="checkbox"/> Ngāti Kawau – Kaitangata – Whakaari	<input type="checkbox"/> Ngāti Uru, Whānau Pani, Ngāti Pakahi – Te Huia	<input type="checkbox"/> Te Aetō, Ngatirangimatamoemoe – Waihapa
<input type="checkbox"/> Ngāti Kura – Matauri	<input type="checkbox"/> Ngāti Aukiwa – Taemāro	<input type="checkbox"/> Te Tahaawai – Tahaawai
<input type="checkbox"/> Ngāti Rehia – Tākou	<input type="checkbox"/> Ngāti Aukiwa – Waimahana	<input type="checkbox"/> Whānau Pani, Ngāti Uru, Ngāti Pākahi, Te Aetō – Te Patunga
<input type="checkbox"/> Ngāti Rua – Taupō	<input type="checkbox"/> Ngātihoea, Kaitore, Ngāti Rangī – Ōtangaroa	Other:

Whakapapa:

If unsure about greats/grandparents, please name your **Hapū Tūpuna**: _____

Great Grandfather	Grandfather	Mother	
Great Grandmother			
Great Grandfather	Grandmother		
Great Grandmother			
Great Grandfather	Grandfather		Father
Great Grandmother			
Great Grandfather	Grandmother		
Great Grandmother			

Notices: Tick the box if you DO NOT wish to receive information from Te Runanga O Whaingaroa.

To be notified of important issues and decisions affecting Whangaroa, any registered member may request in writing that they wish to receive a private notice of any Meetings/Hui/Voting processes concerning the Rūnanga and the Asset Holding Company.

Declaration:

- I hereby declare that, to the best of my knowledge, the information in this application is true and correct.
- I agree that the Board may use this information in connection with the Board's purposes including, to develop its Register of Beneficiaries, a required Statutory Legislation.
- I agree that the Trust Board will deal with this personal information in accordance with its obligations under the Privacy Act 1993 and the Privacy Principles stated therein.
- I will contact the Trust Board should my address or details change in the future.

Signed (Parents or Guardians to sign on behalf of minors)

____/____/____
Date