



## NGĀTI TAMATERĀ IWI REGISTRATION FORM

### Personal Details

First Names			
Surname			
Maiden Name or other names			
Date of Birth		Gender	Male Female (please circle)
Street Address			
Suburb			
City	Post code:		
Country			
Home Phone		Mobile	
Email address			

### Family Information

Name of spouse	
Iwi of spouse	

### Children (children over 18 should register as an adult member)

Full Legal Name	DOB	M/F	Address (if different to yours)

*Use a separate sheet for any additional children.*

### Professional Information

Certifications	
Qualifications	
Employment	

Please send completed form to:  
NGATI TAMATERA TREATY SETTLEMENT TRUST  
Email: [admin@tamatera.iwi.nz](mailto:admin@tamatera.iwi.nz) / Address: PO Box 28, 433 Pollen Street, THAMES, 3500

# NGATI TAMATERA REGISTRATION

Please complete the following whakapapa. Your full name should be given and the names of both parents. You **only** need to complete your Ngāti Tamaterā whakapapa. You will be advised of confirmation of your membership once verified by Ngati Tamaterā kuia/kaumatua.

YOU

Matua/Father

Whaea/Mother (Maiden Name)

Koroua/Paternal Great Grandfather	Koroua/Paternal Grandfather
Kuia/Paternal Great Grandmother	Kuia/Paternal Grandmother
Koroua/Paternal Great Grandfather	Kuia/Paternal Grandmother
Kuia/Paternal Great Grandmother	

Koroua/Maternal Great Grandfather	Koroua/Maternal Grandfather
Kuia/Maternal Great Grandmother	Kuia/Maternal Grandmother
Koroua/Maternal Great Grandfather	Kuia/Maternal Grandmother
Kuia/Maternal Great Grandmother	

*Declaration and Statement to comply with the provisions of the Privacy Act 1993:*

*I hereby declare that:*

- I am a blood descendant of Ngāti Tamaterā*
- All the information contained in this registration form and whakapapa is true and correct.*
- I understand that the information I provide will be held by the Ngāti Tamatera Negotiators or agents appointed by it to process this registration.*
- The Ngāti Tamaterā Negotiators, or agents appointed by it, may use this information from time to time to contact me in relation to the Ngāti Tamaterā Treaty Claims negotiation and settlement process.*
- I have the right to access and correct my information.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received:

Date Reviewed:

Reviewed by:

Status: Approved / Denied / More Information

Date Entered:

Comments: