



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:

NGĀTI TAMATERĀ TREATY SETTLEMENT TRUST

Email:admin@tamatera.iwi.nz / Address: PO Box 28, 433 Pollen Street, THAMES, 3500

NGĀTI TAMATERĀ 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 Grandfather

Koroua/Paternal Great Grandfather

Kuia/Paternal Grandmother

Kuia/Paternal Grandmother

Koroua/Paternal Great Grandfather

Kuia/Paternal Great Grandmother

Koroua/Maternal Grandfather

Koroua/Maternal Great Grandfather

Kuia/Maternal Grandmother

Kuia/Maternal Grandmother

Koroua/Maternal Great Grandfather

Kuia/Maternal Great Grandmother

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

I hereby declare that:

- 1. I am a blood descendant of Ngāti Tamaterā*
- 2. All the information contained in this registration form and whakapapa is true and correct.*
- 3. I understand that the information I provide will be held by the Ngāti Tamaterā Negotiators or agents appointed by it to process this registration.*
- 4. 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.*
- 5. 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: