



TE KAPU Ō WAITAHA

REGISTRATION FORM

Please return completed and signed registration form to:

Te Kapu o Waitaha Trust PO BOX 220 Te Puke 3153

Phone: 075735314 or Email: info@waitaha-iwi.org.nz Website: www.waitaha-iwi.org.nz

-WHO CAN REGISTER?	WHY REGISTER?
<input type="checkbox"/> This register is being compiled for the Waitaha Treaty claim and other mandating purposes. <input type="checkbox"/> Any person with Waitaha whakapapa or is hunaonga of Waitaha may enroll. <input type="checkbox"/> Whāngai on their own behalf or by their legal Waitaha guardian.	<input type="checkbox"/> To be notified of important issues and decisions affecting Waitaha <input type="checkbox"/> To receive information of benefits that you may be entitled to e.g. <ul style="list-style-type: none"> <input type="checkbox"/> Education Grants <input type="checkbox"/> Scholarships <input type="checkbox"/> Discretionary and Sponsorship Funding <input type="checkbox"/> To have a say. Waitaha 18 years+ can vote on Waitaha matters.

PERSONAL DETAILS

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Member ID: (if allocated)	
First Names:			Last Name:
Alias or Nickname:			Maiden Name:
Date of Birth:			Gender: <input type="checkbox"/> Tāne <input type="checkbox"/> Wāhine
Spouse Name:	Spouse Iwi:		
Whāngai:	<input type="checkbox"/> Please tick if you are whāngai		
Home Address (St):			
(Suburb):	(City):		
(Country):	(Post Code):		
Postal Address (if different from Home Address)			
(Post Box or Street)			
(Suburb or RD):	(City):		
(Country):	(Post Code):		
Phone:	Mobile:		
Email:			
Fax:			
Occupation:			
Highest Qual:	Education:		
Te Reo Level:	None <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Fluent <input type="checkbox"/>		

TAITAMARIKI DETAILS

If any of your children are over 18 please have them complete a separate Registration Form					
First Name	Middle Name	Last Name	DOB	M/F	Registration ID

WHAKA PAPA

(Note: You may be required to provide further evidence verifying your affiliation to Waitaha)

_____ Your Father	_____ Grandfather _____ Grandmother	_____ Great Grandfather _____ Great Grandmother
_____ Your Mother	_____ Grandfather _____ Grandmother	_____ Great Grandfather _____ Great Grandmother _____ Great Grandfather _____ Great Grandmother

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 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 should my address or details change in the future.

_____ Signed (Applicant)	____/____/____ Date
_____ Signed (Witness)	____/____/____ Date

OFFICE USE ONLY:

ENROLLED

Received: / /

Checked by

Entered: / /

BR Number

WHAKA PAPA KOMITI

Validated By:

..... ____/____/____

..... ____/____/____

Reason for Non-Approval

Reason

Other