

OFFICE USE ONLY

RECEIVED:

Member Reg No:

**Te Runanga o Ngati Porou
REGISTRATION FORM****SECTION 1****PLEASE WRITE IN BLOCK LETTERS**

FIRST NAME:			
ALTERNATE FIRST NAME:			
MIDDLE NAMES:			
MAIDEN NAME:			
LAST NAME:			
TITLE: (Circle)	Mr	Mrs	Miss Ms Mstr Dr Other
GENDER: (Circle)	Male	Female	
DATE OF BIRTH: For eg: 19. 01. 00 YOU MUST PROVIDE YOUR DOB TO BE ELIGIBLE TO VOTE	NOTE: IN ORDER FOR YOUR REGISTRATION TO BE PROCESSED, YOU MUST PROVIDE A COPY OF YOUR FULL BIRTH CERTIFICATE WITH THIS APPLICATION.		
(For the purposes of voting, please circle one only)	ROHE 1	POTIKIRUA KI WAIAPU	
	ROHE 2	POHAUTEA KI TAWHITI	
	ROHE 3	TAWHITI KI ROTOTAHE	
	ROHE 4	ROTOTAHE KI TE TOKA A TAIAU	
		ROHE UNKNOWN	
RESIDENTIAL ADDRESS			
FLAT NUMBER:			
STREET NUMBER:			
STREET NAME:			
NAME OF RESIDENCE:			
SUBURB:			
CITY:			
COUNTRY:			
POSTAL/ZIP CODE:			
POSTAL ADDRESS (If different from above)			
POST BOX NUMBER:			
CITY:			
POSTAL/ZIP CODE:			
E-MAIL ADDRESS:			
HOME PHONE AREA CODE:		HOME PHONE NUMBER:	
MOBILE PHONE:			
IF YOU WANT TO RECEIVE PERSONAL NOTIFICATION OF THE FOLLOWING ITEMS PLEASE TICK IN THE BOX:			
<input type="checkbox"/>	I wish to receive private notices relating to Te Runanga o Ngati Porou and Porou Ariki Trust Annual General Meetings and Special Meetings		
<input type="checkbox"/>	I wish to receive Postal Voting Papers for Te Runanga o Ngati Porou Trustee Elections, Constitutional Amendments, Porou Ariki Trust Constitutional Amendments and the conversion or disposal of the Fisheries Settlement Quota.		
IF YOU APPROVE OF THE FOLOWING, PLEASE TICK IN THE BOX			
<input type="checkbox"/>	I authorise Te Runanga O Ngati Porou to seek information about me from: <input type="checkbox"/> Department of Statistics <input type="checkbox"/> Electoral Office		
<input type="checkbox"/>	I authorise Te Runanga O Ngati Porou to share my name and contact details with my: <input type="checkbox"/> Primary Marae <input type="checkbox"/> Primary Hapu <input type="checkbox"/> Taura Here <input type="checkbox"/> The Porou Ariki Trust		

PLEASE DO NOT PHOTOCOPY.

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CONTACT 06 8649004 IF YOU REQUIRE MORE FORMS. ALTERNATIVELY EMAIL hshaw@tronp.org.nz

SECTION 2

Whakapapa - Genealogy

You are required to complete this section so that we are able to validate your eligibility to register with Te Runanga O Ngati Porou. A membership committee will validate all applications. Confirmation of your membership will be sent to you, with your Ngati Porou member registration number. Where an application for registration is declined, the applicant may seek a review of the decision. Refer to clause 9 Disputes Procedure of the Porou Ariki Trust Deed. This deed can be accessed from the Runanga Office and/or www.npfl.co.nz/en/marine-information.aspx.

PRIVACY

Te Runanga O Ngati Porou will in accordance with the provisions of the Privacy Act 1993 make available to you upon written request any personal information that we hold about you and will make any appropriate corrections to that information to ensure that the information held is accurate.

Please write in BLOCK LETTERS so the processing of your registration can be completed without delay.

Great Great Grandfather	Great Great Grandmother	Great Great Grandfather	Great Great Grandmother	Great Great Grandfather	Great Great Grandmother	Great Great Grandfather	Great Great Grandmother
Great Grandfather		Great Grandmother		Great Grandfather		Great Grandmother	
Grandfather				Grandmother			
Father is/not of Ngati Porou Descent							

Great Great Grandfather	Great Great Grandmother	Great Great Grandfather	Great Great Grandmother	Great Great Grandfather	Great Great Grandmother	Great Great Grandfather	Great Great Grandmother
Great Grandfather		Great Grandmother		Great Grandfather		Great Grandmother	
Grandfather				Grandmother			
Mother is/not of Ngati Porou Descent							

PLEASE DO NOT PHOTOCOPY.

CONTACT 06 8649004 IF YOU REQUIRE MORE FORMS. ALTERNATIVELY EMAIL hshaw@trnp.org.nz

SECTION 3 Certification of Whakapapa



This section is to be filled in by the certifier.

Please provide proof of your Ngati Porou ancestry from a Ngati Porou Pakeke/Kaumatua, Ngati Porou Marae Trustee or Committee Member, a Ngati Porou Taura Here Officer or Te Runanga O Ngati Porou Trustee or authorised officer.

- a) Title of Certifier: 1 Ngati Porou Pakeke/Kaumatua
✓ Tick one
2 Ngati Porou Marae Trustee or Committee Member
3 Ngati Porou Taura Here Officer
4 Runanga Trustee
5 Runanga Officer

b) Certifier's Name: _____

c) Certifier's Signature: _____

d) Certifier's Contact No: _____

e) Date: _____

SECTION 4 PRIMARY AND SECONDARY MARAE

This section is to determine your primary marae. Once we receive this information you will be entitled to vote for Trustees of Te Runanga o Ngati Porou, Porou Ariki Trust Members and take part in the appointment of one of the seven advisory Trustees.

IMPORTANT

Please write the letter P by **ONE** marae **ONLY**.

Write S (Secondary) by the other marae that you affiliate to

Rohe 1 – Potikirua ki Waiapu

Potaka
Hinemaurea ki Wharekahika
Punaruku
Tutua
Hinerupe
Matahi o Te Tau
Hurae (Te Kahika)
Awatere
Kaiwaka
Putanga
Rahui
Taumata o Tapuhi
Karuai
Hinepare
Ohinewaiapu
Tinatoka

Rohe 3 – Tawhiti ki Rototahe

Te Kiekie
Taharora
Iritekura
Te Ariuru
Waiparapara
Pakirikiri
Tuatini
Hinetamatea (Anaura)
Hinemaurea ki Mangatuna
Puketawai
Hauiti
Te Rawheoro

Rohe 2 – Pohautea ki Tawhiti

Tikapa
Te Horo
Waiomatatini
Kakariki
Reporua
Umuariki
Ruataupare
Mangahanea
Uepohatu
Rauru (Taumata o Mihi)
Te Heopera (Mangarua)
Kariaka
Whareponga
Te Aowera
Hiruharama
Rongoitekai (Penu)
Rongohaere

Rohe 4 – Rototahe ki Te Toka a Taiau

Whangara
Te Poho o Rawiri

SECTION 4 (continued)



POROU ARIKI TRUST HAPU CLUSTER

Please indicate which Porou Ariki Trust Hapu Cluster you affiliate to.

1. Potikirua ki Whangaokena
2. Whangaokena ki Waiapu
3. Pohautea ki Reporua
4. Reporua ki Rahuimanuka
5. Rahuimanuka ki Mataahu
6. Mataahu ki Kokoronui
7. Kokoronui ki Te Toka a Taiau

Note: If you have access to a computer you can register online at www.ngatiporou.iwi.nz/portal. However in order for us to complete the registration you must also send us a signed hard copy of your authorisation. Any changes to the information that we hold for you will require a signed hard copy authorising the changes. Please send these changes to:

Te Runanga o Ngati Porou
Database Administrator
P O Box 226
RUATORIA 4043

DECLARATION

I HEREBY DECLARE THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT.

Signature: _____

Declared at: _____ this _____ day of
(e.g. Gisborne or Ruatoria) (e.g. 1st, 23rd)

_____ 20_____
(e.g March, May) (e.g 2007, 2008)

Witness: _____