

Ngāti Rangiteaorere Registration Form

THE PURPOSE OF THIS REGISTER

The information you provide on this registration form will be used to enable **Ngāti Rangiteaorere Claims Committee** to identify the descendants of Ngāti Rangiteaorere and establish a register of members. If you are of Ngāti Rangiteaorere descent, then you may have an interest in the settlement of the tribes claims as either a beneficiary or as a member of a Ngāti Rangiteaorere Koromatua. You are therefore encouraged to register yourself and all whanau members including dependent children. This will enable you and your whanau to participate through Ngāti Rangiteaorere Claims Committee in the settlement process.

PERSONAL INFORMATION

Please circle one: **Mr** **Mrs** **Miss** **Ms**

FIRST NAMES: _____ SURNAME: _____

MAIDEN NAME: _____ DATE OF BIRTH: DD/MM/YEAR _____ / _____ / _____

GENDER: (circle) TANE(Male) WAHINE(Female)

PHYSICAL ADDRESS: _____ HM PH: _____ WORK: _____

SUBURB: _____ EMAIL: _____

Mailing Address if different from physical address _____ FAX NO: _____ MOB: _____

TOWN/CITY: _____ OCCUPATION: _____

DEPENDENT CHILDREN (aged 17 and under)

Please note: Persons over 18 years must fill out own registration form.

<u>NAMES:</u>	<u>M/E</u>	<u>DATE OF BIRTH</u>
_____	/	/
_____	/	/
_____	/	/
_____	/	/
_____	/	/
_____	/	/

NGĀTI RANGITEAORERE KOROMATUA

Are you a descendant of any of the following Whanau? *Please tick*

Te Kiri Karamu – Te Ngahoa	_____	Tamihana/Ranapiri/Erepeta	_____
Te Kiri Karamu - Atutahi	_____	Rangitarahae	_____
Ratema/Rihipa/Atetini	_____	Rihari Tokooterangi/Wihau	_____
Hapeta Te Hau Te Horo / Atutahi	_____	Tuteniu	_____
General / Special	_____		

You will need to provide Whakapapa to Ngāti Rangiteaorere. Please indicate **only** your Tupuna who are of Ngāti Rangiteaorere descent and provide as much information as possible. **Whangai** means Maori customary adoption in accordance with Ngāti Rangiteaorere tikanga (maori customary values and practices). If you are adopted please provide an adoption certificate.

<u>MY WHAKAPAPA</u>		
<u>PARENTS</u>	<u>GRANDPARENTS</u>	<u>GREAT GRANDPARENTS</u>
_____ Father	_____ Grandfather	_____ Great Grandfather _____ Great Grandmother
_____ Mother	_____ Grandmother	_____ Great Grandfather _____ Great Grandmother _____ Great Grandmother

DECLARATION

I _____ acknowledge the above and consent to the addition of my details to the register, and the disclosure of my personal information to the Ngāti Rangiteaorere Claims Committee for any ongoing administration of the settlement. I declare this information to be true and correct.

Sign: _____ **Date:** ____ / ____ / ____

You have certain rights under the Privacy Act 1993 to inspect and correct any personal information held on the register. **All information will remain private and confidential. Please return form to Ngati Rangiteaorere Secretariat, PO Box7116, Te Ngae, Rotorua.**

Your registration form will be considered and approved by the Ngāti Rangiteaorere Validation Committee.

Date Received	Authenticated by;	Date & Action Taken	Registration Number