

Patuharakeke Te Iwi Trust Board (Inc)
Takahiwai Marae

REGISTRATION AS A BENEFICIARY APPLICATION FORM

Filling out this Application form helps Patuharakeke Te Iwi Trust Board (Inc) compile a database of the descendants of Patuharakeke Hapū/Iwi.

Who can register?

- A descendant of the Patuharakeke tūpuna, Taotahi and his wife Te Ao-Hei-Awa
- A descendant 18 years and over

Why should you register?

- To be involved in Hapū/Iwi elections and to contribute to the direction of Patuharakeke Hapū/Iwi
- To be eligible for any educational scholarships or other support that may be offered
- To support the Board to unite Whānau/extended family and Hapū/groups of extended families through networks, information sharing and the communication of significant Patuharakeke events

Privacy of Information

- Personal information to the Board and the Board's successor shall be held securely and will not be disclosed to any other person or organization unless authorized by you
- You are able to correct your information
- Your personal information will be used for the lawful and appropriate purposes of Patuharakeke Te Iwi Trust Board (Inc) and its successor

Statement of Authorization

I authorize my personal information to be shared with Patuharakeke Te Iwi Trust Board (Inc), the Takahiwai Marae Committee, the Takahiwai Māori Committee and the Takahiwai Marae Trustees. **Yes/No**

Statement of Primary affiliation to Takahiwai marae

I have a primary affiliation to Takahiwai marae	Yes/No
I attend Patuharakeke Te Iwi Trust Board (Inc) Meetings	Yes.No
I attend Takahiwai Marae Committee Meetings	Yes/No
I attend Takahiwai Marae Trustee Meetings	Yes/No
I attend Working Bees held at Takahiwai marae	Yes/No

PATUHARAKEKE WHAKAPAPA

FATHER

Full name He is Patuharakeke **Yes/No**

Father's mother (Grandmother)

Full name She is Patuharakeke **Yes/No**

Father's Father (Grandfather)

Full name He is Patuharakeke **Yes/No**

MOTHER

Full name She is Patuharakeke **Yes/No**

Mother's mother (Grandmother)

Full name She is Patuharakeke **Yes/No**

Mother's father (Grandfather)

Full name He is Patuharakeke **Yes/No**

VERIFICATION OF WHAKAPAPA

My whakapapa is verified by

A member of Patuharakeke Te Iwi Trust Board (Inc) **Yes/No**

A member of the Takahiwai Marae Committee **Yes/No**

A member of the Takahiwai Marae Trustees **Yes/No**

Name

.....

Signature

.....

CONTACT AND PERSONAL DETAILS

Use BLOCK LETTERS

NAME

Surname

Given names

STREET ADDRESS

Street number.....Street name

Suburb..... City

Post Code Country

POSTAL ADDRESS if different from above

PO BoxSuburb

City.....Post Code

Country.....

Phone numberFax..... Email

Male/ Female

DATE OF BIRTH

Day

Month

Year

Are you a Whangai/feeding child **Yes/No**

Are you an Adopted child **Yes/No**

QUALIFICATIONS

Highest education qualification

Other.....

Occupation

YOUR CHILDREN (if you have children under 18 years please record them below).

	Child 1	Child 2	Child 3	Child 4	Child 5
First Name					
Surname					
Date of birth					
Gender	M/F	M/F	M/F	M/F	M/F

	Child 6	Child 7	Child 8	Child 9	Child 10
First Name					
Surname					
Date of birth					
Gender	M/F	M/F	M/F	M/F	M/F

	Child 11	Child 12	Child 13	Child 14	Child 15
First Name					
Surname					
Date of birth					
Gender	M/F	M/F	M/F	M/F	M/F

DECLARATION

I declare that the information provided in the Registration Form is true & correct.

NAME

.....

SIGNATURE

.....

DATE

.....

SEND THE COMPLETED REGISTRATION FORM TO

The Board Administrator
Patuharakeke Te Iwi Trust Board (Inc)
PO Box 168
Ruakaka

Email: patu.tb@xtra.co.nz

NUMBER
DATE RECEIVED
DATE ENTERED
SIGNATURE
PORTFOLIO – Chair/Treasurer/Secretary/Manager
OFFICE USE ONLY