

Your Whakapapa

Please complete this chart showing your Ngāti Kahungunu Whakapapa.

* The field in red must be filled in

Your Details

| | | | |
|-------------|----------------------------------|----------------------|----------------------|
| Firstname | <input type="text"/> | Full Postal Address: | |
| Surname | <input type="text"/> | No. | <input type="text"/> |
| Gender | Male / Female Please circle one. | Street | <input type="text"/> |
| Birth Place | <input type="text"/> | Suburb | <input type="text"/> |
| Birth Date | ___/___/___ | City | <input type="text"/> |
| Ph | <input type="text"/> | Postcode | <input type="text"/> |
| Fax | <input type="text"/> | Country | <input type="text"/> |
| | | Mobile | <input type="text"/> |
| | | Email | <input type="text"/> |

Your Parents

Your Mother

| |
|----------------------|
| <input type="text"/> |
| Hapū |
| Marae |
| Iwi |

Your Grandparents

| |
|-----------|
| Full Name |
| Full Name |

Your GreatGrandparents

| |
|-----------|
| Full Name |
| Full Name |
| Full Name |
| Full Name |
| Full Name |
| Full Name |

Your Father

| |
|----------------------|
| <input type="text"/> |
| Hapū |
| Marae |
| Iwi |

| |
|-----------|
| Full Name |
| Full Name |

Your Children

If you have children under 18 years, please register them here.

| | | | |
|------------|--------------------------|------------|--------------------------|
| First Name | <input type="text"/> | First Name | <input type="text"/> |
| Surname | <input type="text"/> | Surname | <input type="text"/> |
| Birth Date | <input type="text"/> M F | Birth Date | <input type="text"/> M F |
| First Name | <input type="text"/> | First Name | <input type="text"/> |
| Surname | <input type="text"/> | Surname | <input type="text"/> |
| Birth Date | <input type="text"/> M F | Birth Date | <input type="text"/> M F |
| First Name | <input type="text"/> | First Name | <input type="text"/> |
| Surname | <input type="text"/> | Surname | <input type="text"/> |
| Birth Date | <input type="text"/> M F | Birth Date | <input type="text"/> M F |
| First Name | <input type="text"/> | First Name | <input type="text"/> |
| Surname | <input type="text"/> | Surname | <input type="text"/> |
| Birth Date | <input type="text"/> M F | Birth Date | <input type="text"/> M F |

Verification of Kahungunu Whakapapa by Marae/Hapū representative

Print Name

Marae

Signature:

Taiwhenua or Taura Here

Please tick ONE Taiwhenua or Taura Here you wish to participate through.

- | | | | | | |
|----------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Wairoa | <input type="checkbox"/> Te Whanganui-ā-Orotū (Napier) | <input type="checkbox"/> Heretaunga (Hastings) | <input type="checkbox"/> Tamatea (Central Hawke's Bay) | <input type="checkbox"/> Tāmaki-nui-a-Rua (Taranaki) | <input type="checkbox"/> Wairarapa |
| <input type="checkbox"/> Tāmaki Makau Rau (Auckland and North) | <input type="checkbox"/> Te Upoko O Te Ika (Wellington and regions) | <input type="checkbox"/> Te Waipounamu (South Island) | <input type="checkbox"/> Ngā Parirau O Te Ika (Waikato, Taranaki, Bay of Plenty) | <input type="checkbox"/> Ngā Mata Waka | |

Miscellaneous

- What skills, talents, contacts, and networks do you have that may benefit the iwi?
- Your Level of Te Reo?
- Please use a separate page

I believe that the information provided on this registration is correct, and I have attached a copy of the required birth date verification documentation.

Signature:

Date:

Private Notice Option

Tick the box if you wish to receive private notice relating to general meetings and postal ballot papers so that you may vote on elections, constitutional amendments, conversion or disposal of settlement quota. The notice will be sent to the address provided on this form



Ngāti Kahungunu Membership Registration Form

**E ngā mana, e ngā reo, e ngā raurangatira mā,
Ngā tukemata nui o Kahungunu, Tihei Mauri ora!**

This registration form is to help the Ngāti Kahungunu compile a register of the descendants of Kahungunu, and to identify other Māori people who customarily reside within the Ngāti Kahungunu rohe.

Why Register?

- To participate in Iwi elections as a candidate or voter (must be 18 years or older)
- To be involved in shaping Iwi direction.
- To access beneficiary entitlements such as sponsorship, scholarship, and other assistance the Board may determine.
- To assist the Iwi in communicating with you.
- To build the Iwi whakapapa database.

Membership classes

- As a Māori you are eligible to be registered in the following categories. Please tick the category of membership you are seeking.
 - Tangata Whenua Member** - where you whakapapa to a Hapū/Marae in Ngāti Kahungunu.
 - Ngā Mātā Waka Member** - where you are of another Iwi but reside in the Ngāti Kahungunu rohe.

Privacy of information

- The Information supplied is confidential within the terms of the Privacy Act 1993, and for the lawful use by the Boards of Ngāti Kahungunu Iwi Incorporated and the respective Taiwhenua.
- A person may only access their own personal information.

For more info

- Contact Ngāti Kahungunu Iwi Incorporated office, phone (06) 8762718 or 0800 524 864 if outside the Hawke's Bay calling area. Email database@kahungunu.iwi.nz. P.O. Box 2406 HASTINGS 4153. Fax (06) 876 4807.

Office Use Only

Date Received:

Date Verified:

Date Loaded: