

# TE RŪNANGANUI O NGĀTI HIKAIRO

## IWI AND HAPŪ REGISTER

The information supplied on this Iwi and Hapū Registration Form is confidential within the terms of the Privacy Act 1993, and for the lawful use by Te Rūnanganui o Ngāti Hikairo. A person may only access their own personal information.

SURNAME	-----
GIVEN NAMES	-----
DATE OF BIRTH	-----
GENDER	M / F (CIRCLE ONE)

POSTAL ADDRESS	-----
	-----
	-----
EMAIL ADDRESS	-----
CONTACT PHONE NUMBER(S)	-----
	-----
PREFERRED METHOD OF RECEIVING INFORMATION (PLEASE CIRCLE ONE)	
	Email or Post

HAPŪ AFFILIATIONS	-----
	-----
MARAE AFFILIATIONS	-----
	-----
WORK EXPERIENCE/ OCCUPATION	-----
	-----
	-----
QUALIFICATIONS (Educational/ Professional/ Work)	-----
	-----

**WHAKAPAPA**

THE LEFT HAND COLUMN IS THE DIRECT LINE TO A TUPUNA OF NGĀTI HIKAIRO DESCENT

**YOUR NAME**

-----

PARENTS

----- (M/F) ----- (M/F)

TUPUNA

----- (M/F) ----- (M/F)

TUPUNA

----- (M/F) ----- (M/F)

TUPUNA

----- (M/F) ----- (M/F)

TUPUNA

----- (M/F) ----- (M/F)

TUPUNA

----- (M/F) ----- (M/F)

TUPUNA

----- (M/F) ----- (M/F)

TUPUNA

----- (M/F) ----- (M/F)

I confirm that to the best of my knowledge, the details provided are true and correct and that I am a descendent of a tupuna of Ngāti Hikairo descent

Signature ..... Date / / 2016

\* If you are the parent or legal guardian of the person named on this form please provide the following:

\* Your Full Name: .....

\* Your Relationship to Child: .....

**FOR OFFICE USE ONLY**

(Kaumātua) Verified Yes / No Dated: / / 2016

(Kaumātua) to Initial .....

(Administrator) Verified Registration Received Dated: / / 2016

(Administrator) Verified Registration Entered & ID Assigned Dated: / / 2016

(Administrator) Verified Whānau Advised Dated: / / 2016

Administrator to Initial .....