Ngātiwai Trust Board





APPLICATION FOR REGISTRATION

I, the undersigned, being a member of Ngatiwai Iwi, hereby enrol myself and my dependants under the age of 18 as members of the Ngatiwai Trust Board.

		TAILS							
TITLE	ITLE FIRST NAMES			SURNAME			MAIDEN 1	NAME (if appli	cable)
DAT	TE OF BIRTH	GE	NDER			STREET	ADDRESS		
		Male	Female						
	SUBURB		IWOT	N/CITY			COUNTRY		POSTAL
			POSTAL ADDRESS (i	f different from above)					
	TELEPHONE			MOBILE			FACSII	MILE	
)			()	()		
		EMAIL					FACEBOOK		
		DDEE	EDDED COMMUNICATION	ON METHOD (tick as ma	ny hovos	as you wish)			
stal	Telephone 1		csimile Emai			her			
/3tai	тетернопе	IVIODIIE Ta							
Fuere les une	ant Calf Frank	d 🗆		OCCUPATION C.		t D.			
Employm	ent Self Empl	oyea Une			ıperannı		neficiary St	udent 🗌	
			If EMPLOYED or SE	LF EMPLOYED enter wh	at it is yo	u do			
SPO	USE/PART	NER							
TITLE		FIRST NAMES	SURNAME MAIDEN NAME (if applicable			cable)			
				3011	INAIVIE		WIAIDEN	AVIAL (II abbii	Cable)
				3011	INAIVIE		WAIDEN	AVME (II abbit	Cable
DAT	TE OF BIRTH		OCCUPAT		INAIVIE		IWI	VAME (II appii	Савтеј
DAT	TE OF BIRTH		OCCUPAT		NAME			VAME (II appii	Cabley
			OCCUPAT		NAME			vanic (ii appii	Cabley
	PENDANTS			ION	NAME				
	ENDANTS		OCCUPAT OCCUPAT NDANTS UNDER THE A	ION GE OF 18 YEARS		Living with Ma	IWI	OFFICE I	USE ONL'
	ENDANTS	DEPE ull Name		ION	Gender	Living with Me	IWI		USE ONL'
	ENDANTS			ION GE OF 18 YEARS		Living with Me	IWI	OFFICE I	USE ONL'
	ENDANTS			ION GE OF 18 YEARS		Living with Me	IWI	OFFICE I	USE ONL
	ENDANTS			ION GE OF 18 YEARS		Living with Me	IWI	OFFICE I	USE ONL
	ENDANTS			ION GE OF 18 YEARS		Living with Me	IWI	OFFICE I	USE ONL'
	ENDANTS			ION GE OF 18 YEARS		Living with Me	IWI	OFFICE I	USE ONL'
	ENDANTS			ION GE OF 18 YEARS		Living with Me	IWI	OFFICE I	USE ONL
	ENDANTS			ION GE OF 18 YEARS		Living with Me	IWI	OFFICE I	USE ONL
	ENDANTS			ION GE OF 18 YEARS		Living with Me	IWI	OFFICE I	USE ONL
	ENDANTS			ION GE OF 18 YEARS		Living with Me	IWI	OFFICE I	USE ONL
	ENDANTS			ION GE OF 18 YEARS		Living with Me	IWI	OFFICE I	USE ONL
	ENDANTS			ION GE OF 18 YEARS		Living with Me	IWI	OFFICE I	USE ONL
	ENDANTS			ION GE OF 18 YEARS		Living with Me	IWI	OFFICE I	USE ONL
	ENDANTS			ION GE OF 18 YEARS		Living with Me	IWI	OFFICE I	USE ONL
	ENDANTS			ION GE OF 18 YEARS		Living with Me	IWI	OFFICE I	USE ONL

NO - I do not give my consent

YES - I give my consent

may be times when the Trust Board and your Marae would need to co-ordinate its data. If this occurs, do you consent to this information being shared with your Marae?

S VOTING PROCESS

5. VOTING PROCESS						
To be eligible to vote for Ngātiwai Trust Board A: Be registered with the Ngātiwai Trust B	oard. B: Identify the ONE Marae you will vo	•				
FIRSTLY: Write ONE [1] to the Ma	arae you will vote through. SECONDLY: Tick [$arsigma$] all other Ma	rae to which you whakapapa as well.				
Kawa Matapōuri Mōkau	Motairehe Ngaiotonga	Ngunguru 🗌 Oākura 🗌				
Otetao Pākiri/Omaha Pāta	aua 🗌 Punaruku 🗌 Takahīwai 🗌	Tūparehuia Whananāki				
	NOTICE OF GENERAL MEETINGS					
I wish to receive notices of General Meetings a	nd Voting Papers: By Post From the Ma	arae 🗌				
5. HAPŪ						
Please indicate your primary Ngātiv	vai hapū if relevant, by writing ONE (1) in the box next to it,	or tick $\left[oldsymbol{arepsilon} ight]$ all the hapū you affiliate to.				
Ngare Raumati Ngāti Tautahi Te	e Uri o Hikihiki 🔲 🏻 Te Whānau Whero 🔲 🔻 Te	Aki Tai 🔲 Ngāti Toki 🗌				
Te Whānau o Rangiwhakaahu 🔲 Ngāti Ta	kapari 🗌 Ngāti Kororā 🔲 Te Waiariki 🔲	Patuharakeke Ngāti Manuhiri				
Ngāti Rēhua 🔲 Te Kainga Kurī 🗌 Oth	er Ngātiwai hapū 🔲 List:					
7. WHAKAPAPA						
	E THE WHAKAPAPA FRAME THAT VALIDATES YOUR LINK TO N	GĀTIWAI IWI				
		Paternal Great Grandfather				
		. Stelling Great Grandfather				
	Paternal Grandfather					
		Paternal Great Grandmother				
Father]					
		Paternal Great Grandfather				
	Paternal Grandmother					
		Paternal Great Grandmother				
	Maternal Grandfather	Maternal Great Grandfather Maternal Great Grandmother				
		4				
Mother						
	Д	Maternal Great Grandfather				
	Maternal Grandmother					
		Maternal Great Grandmother				
		4				
DECLARATION						
B. DECLARATION						
I do solemnly declare that I am of the		Hapū, and therefore of Ngātiwai descent.				
Signature:	Date:	NB: Application will be subject to verification processes determined by the Constitution and Policies of the Trust Board.				
. SUBMIT APPLICATION	<u> </u>					
Post or return this Application Form to: Admin	istrator, Ngātiwai Trust Board, 129 Port Road, P O l	Box 1332, Whangarei 0140, New Zealand.				
Date received:	Whakapapa checked by:					
Date received: Voting Marae:	Date entered into Database:					
Registration Number:						