



TE RUNANGA O TURANGANUI A KIWA

Ingoa:

(Name)

Kainga Noho:

(Address)

Waea:

(Phone No.)

Karere Hihiko:

(Email)

Ra Whanau:

(Birthdate)

➤ Hapu:

➤ Whakapapa:

H Taura Here

Te Aitanga A Mahaki

R Rongowhakaata

T Ngai Tamanuhiri

(Please complete additional Whakapapa details on the reverse side of this registration)

➤ Nga Marae:

1 Whakato

8 Rongopai

15 Tarere

2 Ohako

9 Takitimu

16 Mangatu

3 Manutuke

10 Parihimanihi

17 Muriwai

4 Pahou

11 Takipu

18 Rangiwhaho

5 Te Kuri A Tuatai

12 Matawai

19 Waiari

6 Ngatapa

13 Mokonui

7 Pakowhai

14 Tapuihikitia

Other Whanau who should be included on the register. (Use another page if necessary. If not enrolled, we will ask their consent for details to be entered.)

INGOA: NAME	WAAKAINGA: ADDRESS	TO WHANAUNGATANGA: RELATIONSHIP TO YOU

➤ Complete if you so wish:

NGA MAHI TOHO: WORK EXPERIENCE	NGA TOHO MATAURANGA: QUALIFICATIONS

I consent to:

➤ These enrolment details being included on the register of Te Runanga o Turanganui a Kiwa any and for other purposes appropriate by the Runanga

➤ The information being supplied to:

M Te Aitanga A Mahaki

R Rongowhakaata

T Ngai Tamanuhiri

(Please note that any information supplied will be used in accordance with the Privacy Act 1993)

Endorsed By: _____

Position: _____

Marae/Hapu: _____

Signature: _____

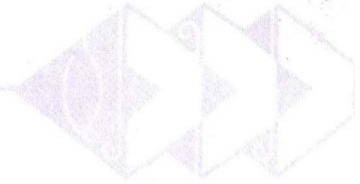
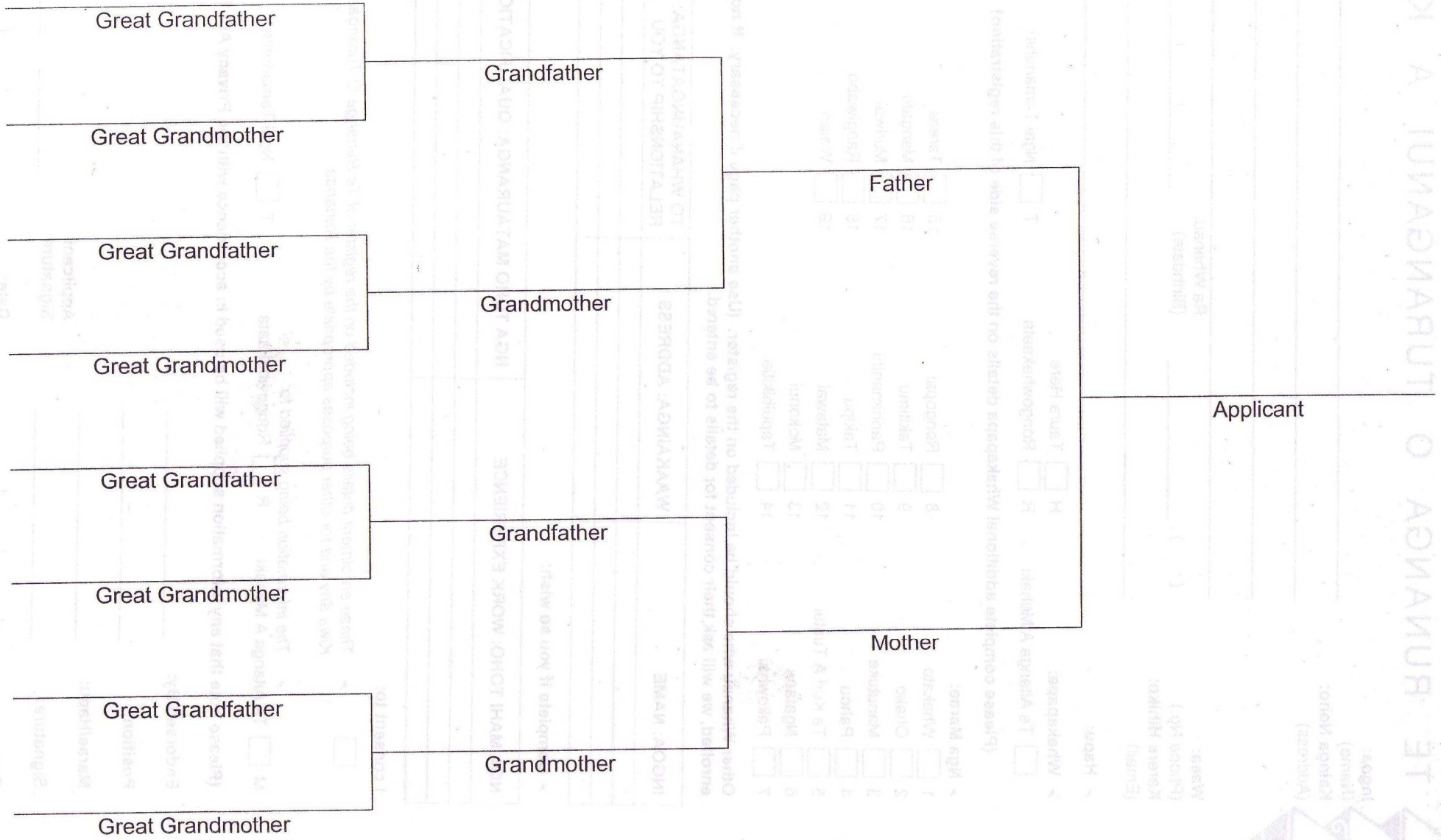
Date: _____ / _____ / _____

Applicant
Signature: _____

Date: _____ / _____ / _____

WHAKAPAPA

(Three generations of whakapapa from the applicant is required with TROTAK)



DEPARTMENT OF INTERNAL AFFAIRS