



Te Kupenga o Ngati Hako INC
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 Email hako@xtra.co.nz

OFFICE USE ONLY

RECEIVED:.....

MEMBER REG NO:.....

REGISTRATION FORM

SECTION 1

PLEASE WRITE IN BLOCK LETTERS

FIRSTNAME:			
ALTERNATE FIRST NAME:			
MIDDLE NAMES:			
MAIDEN NAME:			
LAST NAME:			
TITLE: (circle)	Mr	Mrs	Miss Ms Mstr Dr Other
GENDER: (circle)	Male	Female	
DATE OF BIRTH:			
RESIDENTIAL ADDRESS			
FLAT NUMBER:		STREET NUMBER:	
STREET NAME:		SUBURB:	
CITY:			
COUNTRY:		POSTAL/ZIP CODE:	
POSTAL ADDRESS	(if different from above)		
POST BOX NUMBER:		CITY:	
POSTAL/ZIP CODE:			
E-MAIL ADDRESS:			
HOME PHONE AREA CODE:			
MOBILE PHONE:			
MARAE DETAILS			
Ngati Hako Marae I usually associate with: (Please tick box)			
<input type="checkbox"/>	KEREPEHI MARAE	<input type="checkbox"/>	WAIHI MARAE
<input type="checkbox"/>	MAKOMAKO MARAE	<input type="checkbox"/>	PAEAHI MARAE
<input type="checkbox"/>		<input type="checkbox"/>	TIROHIA MARAE
My Hapu is.....			
<input type="checkbox"/>	I authorise Te Kupenga O Ngati Hako to share my name and contact details with my:		
<input type="checkbox"/>	Marae	<input type="checkbox"/>	Hapu

SECTION 2

Whakapapa – Genealogy

You are required to complete this section so that we are able to validate your eligibility to register with Te Kupenga O Ngati Hako. Confirmation of your membership will be sent to you, with your Ngati Hako member registration number.

Please fill in information pertaining to your Ngati Hako whakapapa.

My Grandfather is:
 My Grandmother is:
 My Grandmother's birth name is:

his iwi is:
 her iwi is:
 her iwi is:

My father is:
 My mother is:
 My mother's birth name is

his iwi is:
 her iwi is:
 her iwi is:

Partners Name

My partner's name is.....

Is your partner of Ngati Hako descent? Yes No N/A
(If yes, please have your partner complete a separate registration form)

Children (May register themselves or be included in your form.
Children over 18 yrs are encouraged to fill out there own registration form.)

Name:	Whangai:	Date of Birth:	Gender	Address

Certification of Whakapapa This section is to be filled in by the certifier.

Please provide proof of your Ngati Hako ancestry from a Ngati Hako Kua/Kaumatu or Ngati Hako Marae trustee...

- a) Title of Certifier: Ngati Hako kua/ Kaumatua Ngati Hako Marae Trustee
(Tick one)
- b) Certifier's Name: _____
- c) Certifier's Signature _____
- d) Certifier's Contact No: _____
- e) Date: _____

Declaration and Statement to comply with the provisions of the Privacy Act 1993

I hereby declare that:

1. I make application to enrol myself, my children under 18 years and any eligible legal dependant/s entrusted to my care, as a beneficiary of the Te Kupenga O Ngati Hako.
2. I understand that the information I provide will be held by Te Kupenga O Ngati Hako at it offices for the purpose of maintaining a register of beneficiaries.
3. All the information contained in this registration form and whakapapa is true and correct.
4. Te Kupenga O Ngati Hako, or agent appointed by it, may use this information in order to contact me about matters of importance that may be interest to me and my whanau.
5. I authorize Te Kupenga O Ngati Hako where appropriate to disclose information about me that may be relevant to this application and/ or the maintenance of the register to which this application relates, provided that any request for access is for a lawful purpose(s) of the Te Kupenga O Ngati Hako.
6. I have the right at any time to request access to and/ or correct the information held by Te Kupenga O Ngati Hako.

Signed:.....

Date:.....