

TE KOTAHITANGA O TE ATIWA TRUST REGISTRATION APPLICATION

Applicant Details

Last Name: _____

First Names: _____

Gender: Male / Female / Other (Please circle one)

Address: _____

Previous Names: _____

Date of Birth: _____

Email: _____

Mobile: _____

Occupation: _____

Please complete this form, sign, and return to:

Online
 Registration Manager
 Te Kotahitanga o Te Atiawa
 PO Box 1097
 New Plymouth 4340
 Phone: 06 758 4685
 Email:
registrations@teatiawa.iwi.nz

In-Person
 Registration Manager
 Te Kotahitanga o Te Atiawa
 Ngāmotu House
 Level 5
 139 Devon Street West
 New Plymouth

Whanau Registration Details

Please list all your tamariki under the age of 18 years in the box below. Birth certificates to be provided for all tamariki. All tamariki over the age of 18 years must fill in their own separate registration application form. Please continue on a separate sheet if required.

First Name	Last Name	DOB	M/F/O	Relationship to Applicant (Please indicate if Whāngai/Adopted)	Birth Certificate Attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Your Te Atiawa Hapū _____

Your Te Atiawa Marae _____

Do you want to receive communications about Te Atiawa?

☐

Tick the above box if you wish to receive private notices and information relating to general meetings, elections, postal ballot papers and iwi updates. All notices will be sent to the address provided on this form.

Whāngai / Adoption

Applicants who have been legally or customarily adopted (whāngai) by a member of Te Atiawa are eligible for registration as members in accordance with the Te Kotahitanga o Te Atiawa Trust Membership Policy and the Whāngai & Adoption Policy.

To determine an applicant's adoption or whāngai status, additional information may be requested. This request will be managed by the Registration Manager.

Privacy

Te Kotahitanga o Te Atiawa Trust will act in accordance with the provisions of the Privacy Act 2020, make available to you upon request the personal information it holds about you and will make any appropriate corrections to that information to ensure that the information held is accurate.

Declaration

I hereby declare that the information provided in this application is true and correct.

Signature: _____ Date: _____

WHAKAPAPA – Please complete all sections of this registration form that show your connections to Te Atiawa (Taranaki)

Please supply a copy of your birth certificate with application. Ngā mihi

<div>Your Father</div>	<div>Paternal Grandfather</div>	<div>Paternal Great-grandfather</div>	<div>Paternal Great-great grandfather</div>
		<div>Paternal Great-grandmother</div>	
		<div>Paternal Grandmother</div>	
		<div>Paternal Great-grandfather</div>	
	<div>Paternal Grandmother</div>	<div>Paternal Great-grandmother</div>	<div>Paternal Great-great grandmother</div>
		<div>Paternal Great-grandmother</div>	
		<div>Paternal Great-great grandmother</div>	
<div>Your Mother</div>	<div>Maternal Grandfather</div>	<div>Maternal Great-grandfather</div>	<div>Maternal Great-great grandfather</div>
		<div>Maternal Great-grandmother</div>	
		<div>Maternal Grandmother</div>	
		<div>Maternal Great-grandfather</div>	
	<div>Maternal Grandmother</div>	<div>Maternal Great-grandmother</div>	<div>Maternal Great-great grandmother</div>
		<div>Maternal Great-grandmother</div>	