

**ENROLMENT FORM - REGISTER OF BENEFICIARIES**

**Once completed please return this form to:**

**TE ARAWA LAKES TRUST, PO BOX 128 , 1194 HAUPAPA STREET, ROTORUA 3040, NZ**

**If you have any enquiries please contact:**

**PHONE +64 7 346 1761 | 0508 TE ARAWA (832729)   
[registration@tearawa.iwi.nz](mailto:registration@tearawa.iwi.nz)**[**www.tearawa.iwi.nz**](http://www.tearawa.iwi.nz)

**SECTION 1: PERSONAL & CONTACT INFORMATION**

**SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
FIRST NAMES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­**

**TITLE: GENDER:**

* **MALE**
* **FEMALE**
* **MS**
* **MISS**
* **MRS**
* **MR**

**DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAIDEN NAME *(if applicable):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOMEADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUBURB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY / TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSTAL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Would you like to receive information via email :**

* **KAO / NO**
* **ĀE / YES**

**PHONE:**

**Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 2: NGĀ HAPŪ**

The following are the hapū represented by Te Arawa Lakes Trust. Please tick those hapū from which you affiliate.

**TE KAWATAPUĀRANGI**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Ngāti Hinekura | * Ngāti Hinerangi | | * Ngāti Kuri | | | * Ngāti Makino | | |
| * Ngāti Marukukere | * Ngāti Moko | | * Ngāti Paruaharanui | | | * Ngāti Pikiao | | |
| * Ngāti Rereamanu | * Ngāti Rongomai | | * Ngāti Tamakari | | | * Ngāti Tamateatutahi/Kawiti | | |
| * Ngāti Te Rangiunuora | * Ngāti Te Takinga | | * Ngāti Tuheke a Hani | | | * Ngāti Tutaki-a-Koti | | |
| * Ngāti Wahanui | * Ngāti Whakahemo | | * Ngāti Whakaokorau | | | * Ngāti Moemiti | | |
| **TE URE O UENUKUKŌPAKO**  **TE URE O UENUKUKŌPAKO** | | | | | | | | |
| * Ngāti Hurunga Te Rangi | * Ngāti Karenga | | * Ngāti Kearoa | | | * Ngāti Kererū | | |
| * Ngāti Ngararanui | * Ngāti Ngata | | * Ngāti Pukaki | | | * Ngāti Rangiiwaho | | |
| * Ngāti Rangiteaorere | * Ngāti Rangiwewehi | | * Ngāti Rehu | | | * Ngāti Ririu | | |
| * Ngāti Taeotu | * Ngāti Tahu | | * Ngāti Tawhaki | | | * Ngāti Te Ngakau | | |
| * Ngāti Te Purei | * Ngāti Tuara | | * Ngāti Tunohopū | | | * Ngāti Tura | | |
| * Ngāti Tuteniu | * Ngāti Uenukukopako | | * Ngāti Waoku | | | * Ngāti Whakakeu | | |
| * Ngāti Whakaue | * Ngāti Whaoa | | * Te Roro o Te Rangi | | |  | | |
| **TŪHOURANGI**  **TŪHOURANGI** | | | | | | | | |
| * Tūhourangi | | * NgātiTumatawera/Kahuupoko | | * Ngāti Rangitihi | | | * Ngāti Taoi | | |
| * Ngāti Tarawhai | | * Ngāti Tu | | * Ngāti Tuohonoa | | | * Ngāti Wahiao | | |
| * Ngāti Hinemihi | |  | | |  | | |  | | |

* **OTHER** (please name)\*

*Please note that if you tick the “OTHER” box and no others, or you name this hapu as your Principal Hapu below you will not be able to vote in Te Arawa Lakes Trust matters unless and until that hapu is represented on the Te Arawa Lakes Trust*

* **UNSURE**

**WHICH ONE OF THE ABOVE IS YOUR PRINCIPAL HAPŪ?**

*Please note that voting in elections for representatives in the Te Arawa Lakes Trust or any of its successors will be through your PRINCIPLE HAPŪ.*

**Any information received will be held by or for the Te Arawa Lakes Trust (the Lakes Trust), certain bodies related to the Lakes Trust or their respective successors. You have certain rights under the Privacy Act 1993 to see and correct personal information which the Lakes Trust or its successors holds about you.**

**The information will be used to enable the Lakes Trust or its successor to identify as many Te Arawa individuals as possible, including the marae and hapu to which they affiliate, so that as many individuals as possible are informed of and may participate in Te Arawa matters.**

**The information obtained in this enrolment form may also be used to identify and create an additional register of those who may take part in any electoral process relations to Te Arawa and/or derive any entitlement as Te Arawa members in the future from a Treaty of Waitangi settlement with the Crown and become beneficiaries of any new post-settlement governance entity.**

**I acknowledge the above and consent to the disclosure of my personal information to any body related to the Lakes Trust or its successor, and for my name to be placed on another register for any post-settlement governance entity and I declare the above information is correct.**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Board Member’s Name:**

**Tūpuna Rohe**

**Represented:**

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 3: WHAKAPAPA (Three generations of whakapapa from the applicant are required)** | | | |
| Please indicate your tūpuna who is / are | of **TE ARAWA DESCENT** only. |  |  |
| **Great Grandfather** |
| **Grandfather** |
| **Great Grandmother** |
|  | **Father** |  |  |
|  |  |  | **Great Grandfather** |
|  |  | **Grandmother** |  |
|  |  | | **Great Grandmother** |
| **Applicant** |  | |  |
|  |  |  | **Great Grandfather** |
|  |  | **Grandfather** |  |
|  |  |  | **Great Grandmother** |
|  | **Mother** |  |  |
|  | |  | **Great Grandfather** |
|  | | **Grandmother** |  |
|  Please tick if you have been adopted into, or are a Whāngai of, Te Arawa from another iwi other than Te Arawa | | | **Great Grandmother** |

**OFFICE USE ONLY - Endorsement of Te Arawa Lakes Trust member representing your Principal Hapū**

*As a Te Arawa Lakes Trust member representing the principal hapū (as declared in Section 2), I confirm that the applicant is a descendant of our hapu and endorse inclusion onto the Te Arawa Lakes Trust roll of beneficiaries.*

**Signature:**

**Date:**

**SECTION 4: INFORMATION ABOUT YOUR CHILDREN (aged 17 years or younger)**

**NB:** If your children are 18 years and over, they should complete their own enrolment form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FULL NAME** | **GENDER** | **DATE OF BIRTH** | | **ADDRESS** |
|  | M / F | / | / |  |
|  | M / F | / | / |  |
|  | M / F | / | / |  |
|  | M / F | / | / |  |
|  | M / F | / / | |  |
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|  | M / F | / | / |  |