



Personal Details

Surname: _____

First Names: _____

Maiden Name: _____

Address: _____

Date of Birth: ___ / ___ / ___ Gender: M/F

Email: _____

Phone (kainga): _____

No. of Children: _____

DECLARATION

I hereby declare that the details I provide to you are, to the best of my knowledge, correct. I also confirm that I am authorised to complete this registration form on behalf of those persons named on this form.

Signature: _____

TAMARIKI REGISTRATION DETAILS

Relationship to Applicant	M/F	Date of Birth	Last Name(s)	First Name(s)

Please continue on a separate piece of paper if required

**THERE IS SO MUCH HAPPENING
 IN NGATI HINE
 AND WE NEED TO KNOW ...**

WHO YOU ARE? WHERE YOU LIVE?
&

HOW CAN WE KEEP IN TOUCH WITH YOU?

Who can register (tick the option you are enrolling by)

Descendants of Hineamaru

People who affiliate to marae in Te Rohe Whenua o Ngati Hine

Tamariki Atawhai / Whangai born or raised within the context of a Ngati Hine whanau

People who choose to affiliate with Ngati Hine through marriage or defacto relationship

People of marae and hapu which may choose to affiliate to Te Runanga o Ngati Hine

Private Notice Option

Tick the box if you wish to receive private notice relating to general meetings and postal ballot papers so that you may vote on elections, constitutional amendments, conversion or disposal of settlement quota. The notice will be sent to the address provided on this form.

Please note: voting can only be carried out by those persons 18 years and over

Privacy

Te Runanga o Ngati Hine will only use this information for Ngati Hine purposes. We will in accordance with the provisions of the Privacy Act 1993, make available to you upon request the personal information that we hold about you and will make any appropriate corrections to that information to ensure that the information held is accurate.

NGATI HINE WHAKAPAPA

Your Primary Marae:

Your Hapu: e.g. Ngati Kopaki /Ngati Te Ara, Te Orewai, Tekauimua

Paternal Great-Grandfather

Paternal Grandfather

Paternal Great-Grandmother

Your Father

Paternal Great-Grandfather

Paternal Grandmother

Paternal Great-Grandmother

Maternal Great-Grandfather

Maternal Grandfather

Maternal Great-Grandmother

Your Mother

Maternal Great-Grandfather

Maternal Grandmother

Maternal Great-Grandmother

Please note it is **OPTIONAL** to fill out the Whakapapa section

FILLING OUT THIS FORM

Please complete this registration form, sign it and return the form to:

Te Runanga o Ngati Hine
PO Box 36, Kawakawa
Bay of Islands

Or drop it into the
Ngati Hine Health Trust offices:
5 Walton Street, Whangarei
or
2-4 Rayner Street, Kawakawa.

Registrations can also be made by logging on to:

www.ngatihine.iwi.nz

Te Runanga o Ngati Hine is the representative body of Ngati Hine and maintains the Ngati Hine register

Ngati Hine hoki mai
Ngati Hine come home...