

## **WAHIAO TUHOURANGI O WHAKAREWAREWA - REGISTRATION APPLICATION FORM**

*Please ensure your form is completed and returned no later than February 28<sup>th</sup> 2023*

**THE PURPOSE OF THIS REGISTER** - The information you provide on this registration form will be used by the Trust Validation Committee to validate your application to register as a Beneficiary of the Wahiao Tuhourangi o Whakarewarewa Trust. You must register yourself and all whanau members including dependent children into Koromatua lines as Hinganoa, Huarere, Tukiterangi or Tuhourangi o Whakarewarewa, collectively known as Wahiao Tuhourangi o Whakarewarewa.

### **SECTION ONE - PERSONAL INFORMATION**

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

ALSO KNOWN AS: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

DATE OF BIRTH: DD/MM/YEAR \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ GENDER: M F

ADDRESS: \_\_\_\_\_

HM PH: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_ MOB: \_\_\_\_\_

FORWARDING MAILING ADDRESS IF AND WHEN YOU MOVE (give brother/sister or parents name and address):  
\_\_\_\_\_

### **SECTION TWO - DEPENDENT CHILDREN (aged 17 and under)**

**PLEASE NOTE: PERSONS OVER 18 YEARS MUST FILL OUT A SEPARATE REGISTRATION FORM**

NAME:	M / F	DATE OF BIRTH	NAME:	M / F	DATE OF BIRTH
_____		____/____/____	_____		____/____/____
_____		____/____/____	_____		____/____/____
_____		____/____/____	_____		____/____/____
_____		____/____/____	_____		____/____/____

### **SECTION THREE - BROTHERS AND SISTERS (Optional)**

NAME:	M/F	DATE OF BIRTH	NAME:	M/F	DATE OF BIRTH
_____		____/____/____	_____		____/____/____
_____		____/____/____	_____		____/____/____
_____		____/____/____	_____		____/____/____
_____		____/____/____	_____		____/____/____
_____		____/____/____	_____		____/____/____

**SECTION FOUR – WHAKAPAPA** Only one parental line of Wahiao Tuhourangi o Whakarewarewa descent is all that is necessary for the purposes of this form. Please tick in the box provided whether T – Tane or W – Wahine

Tupuna 6<sup>th</sup> generation

\_\_\_\_\_ T ☐ W ☐

5th generation

\_\_\_\_\_ T ☐ W ☐

4th generation

\_\_\_\_\_ T ☐ W ☐

3rd generation

\_\_\_\_\_ T ☐ W ☐

2nd generation

\_\_\_\_\_ T ☐ W ☐

Applicant (you)

\_\_\_\_\_ T ☐ W ☐

**SECTION FIVE – PRIMARY HAPU of WAHIAO TUHOURANGI O WHAKAREWAREWA** Please indicate your principal Koromatua hapu. If you wish to be registered and known as Tuhourangi o Whakarewarewa, you can.

HINGANOA

☐

HUARERE

☐

TUKITERANGI

☐

TUHOURANGI o  
Whakarewarewa

☐

**SECTION SIX – IDENTIFY YOUR TUPUNA ON THE 1883 NATIVE MAORI LAND COURT LIST OF OWNERS**

To assist the Kaumatua Whakapapa Validation Panel, please indicate the name of your Tupuna from the 1883 Native Maori Land Court list of owners in Whakarewarewa.

\_\_\_\_\_  
(Name of Tupuna)

\_\_\_\_\_  
(Number listed)

**SECTION SEVEN – DECLARATION**

I \_\_\_\_\_ acknowledge the above and consent to the addition of my details to the register, and the disclosure of my personal information **Wahiao Tuhourangi o Whakarewarewa** for any ongoing administration of the Whakarewarewa and Roto-a-Tamaheke Vesting Act. I declare this information to be true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

You have certain rights under the Privacy Act 1993 to inspect and correct any personal information held on the register. *All information will remain private and confidential. Please return to;*

**WAHIAO TUHOURANGI O WHAKAREWAREWA, PO BOX 12009,  
ROTORUA 3045, NEW ZEALAND or email [admin@wtow.nz](mailto:admin@wtow.nz)**