



Please return completed and signed application form to:
Registrations Officer, 16 St John Street, Opotiki, 3122, New Zealand
Phone: (07) 974 6119 or Mobile: (027) 886 2474 or Email: hapu.registrations@ngati-ira.co.nz

HAPŪ REGISTRATION FORM

This form should be completed by adults 18 years of age and older. This form should be completed by those uri who consider Ngāti Ira as their primary hapū, within Te Whakatōhea, and can demonstrate their connection to Ngāti Ira through whakapapa.

OFFICE USE ONLY	
Date Received	/ /
DB Entry Date	/ /
Hapū Member ID	#

1.0 PERSONAL DETAILS

All correspondence will be sent to the address listed below *unless* it is indicated in the following section.

FIRST NAMES			
LAST NAME			
MAIDEN NAME (if applicable)			
DATE OF BIRTH (dd/mm/yyyy)	/	/	GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>
RESIDENTIAL ADDRESS			
STREET & NUMBER			
SUBURB		TOWN / CITY	
POSTCODE		COUNTRY	

Please complete this section if your **postal address** is different to your **residential address** above.

POSTAL ADDRESS			
STREET & NUMBER			
SUBURB		TOWN / CITY	
POSTCODE		COUNTRY	

Please complete this section with your contact details.

EMAIL ADDRESS				
LANDLINE	()	MOBILE	()	
OCCUPATION				
EDUCATION QUALIFICATIONS	Diploma <input type="checkbox"/>	Bachelors / Degree <input type="checkbox"/>	Masters <input type="checkbox"/>	Doctorate <input type="checkbox"/>

Please complete this section with your spouse / partners details.

SPOUSE / PARTNERS NAME			
SPOUSE DATE OF BIRTH	/	/	SPOUSE IWI
SPOUSE OCCUPATION			

2.0 CHILDRENS DETAILS

Please provide the details for **all** your children. Children aged **18+** years and over, should complete **their own** form.

FIRST NAMES	LAST NAME	DATE OF BIRTH (dd / mm / yyyy)	MALE / FEMALE

3.0 WHAKAPAPA & HAPŪ AFFILIATIONS

Whakapapa will be verified by the kaumātua and/or trustees of Ōpeke Marae. You will be advised whether or not your application has been accepted. If your application is unsuccessful, you may seek to have your application reconsidered if such an application is made based on new evidence (i.e. evidence that was not submitted or considered as part of the initial or any previous applications).

Your Father	Grandfather	Great Grandfather
		Great Grandmother
	Grandmother	Great Grandfather
		Great Grandmother
Your Mother	Grandfather	Great Grandfather
		Great Grandmother
	Grandmother	Great Grandfather
		Great Grandmother

By completing this form, you acknowledge **Ngāti Ira** as your **primary hapū**. Please indicate any other marae / hapū affiliations you have within Te Whakatōhea.

NGĀI TAMAHUA (OPEPE MARAE)	<input type="checkbox"/>	NGĀTI NGAHERE (TERERE MARAE)	<input type="checkbox"/>
NGĀTI PATUMOANA (WAIUA MARAE)	<input type="checkbox"/>	UPOKOREHE	
NGĀTI RUATAKENA (OMARUMUTU MARAE)	<input type="checkbox"/>	Kutarere	Roimata
		<input type="checkbox"/>	<input type="checkbox"/>
Other/s (please list):			
<input type="text"/> <input type="text"/> <input type="text"/>			

ARE YOU A WHĀNGAI?

Yes ☐ No ☐

4.0 DECLARATION

ENTITLEMENT TO REGISTER

To be eligible to register onto the Ngāti Ira hapū register, you **must** be a descendant of Ngāti Ira and you **must** be aged 18 years and older.

REQUIREMENT TO COMPLETE APPLICATION FORM

Please complete all sections of the registration form. Failure to provide sufficient information could result in a delay with adding your registration to the Ngāti Ira hapū register.

If you are unable to complete the form in full, **please sign** and **return** this registration form and we will check the information you have provided. We may be able to assist in the completion of the form for you. If we are unable to assist with the completion of your form, we will contact you to request further information. You must sign the declaration section below, to authorise your inclusion to the Ngāti Ira hapū register. An unsigned form will be returned and will delay your inclusion onto the Ngāti Ira hapū register.

CHANGE OF ADDRESS & DETAILS

It is important to keep your contact details and personal information up-to-date so you are able to receive important information distributed to the uri of Ngāti Ira. A copy of the details and information held about your registration can be provided upon request.

CHILD REGISTRATIONS

Please list all of your children under the age of 18 on this application form. Upon turning 18 your child/children can complete their own application form to register.

SPOUSE/PARTNER REGISTRATIONS

If your spouse/partner is able to whakapapa to Ngāti Ira, then it is encouraged that they complete their own individual application form. If your spouse/partner is not able to whakapapa to Ngāti Ira, their details will be included in a 'Partners Register', but they will not have any voting rights on matters pertaining to Ngāti Ira.

PRIVACY STATEMENT

The personal information provided in your application will be used by Ngāti Ira to maintain an up-to-date register of uri of Ngāti Ira. Information will not be disclosed without your consent unless we are required by law to do so. Your personal details will not be sold to external, third party organisations. You have the right to ask for a copy of any personal information held about you, subject to the exceptions in the Privacy Act 1993. You may request the correction of information that is inaccurate.

Requests for access or corrections can be made by the 'Ngāti Ira Hapū Membership Update' Form from the Ngāti Ira website: www.ngati-ira.co.nz or by email: hapu.registrations@ngati-ira.co.nz.

DECLARATION

- I hereby declare that, to the best of my knowledge, the information I have provided in this application is true and correct at the time the form was completed.
- I agree that my personal information will be used in accordance with the Privacy Act 1993 and the Privacy Principles stated therein.
- I will contact the Trust should my address or any details change in the future.

Signature _____

Date ____/____/____

OFFICE USE ONLY

As a kaumatua/Marae trustee I confirm that the person named on this application form is an uri of Ngāti Ira. I endorse their inclusion on the Ngāti Ira hapū register.

Validator Initials: _____

Signature: _____

Date: ____/____/____

APPROVED ☐ DECLINED ☐
Justification:

