



Applicants must be 18 years of age or older. The application is for inclusion on the **Ngāti Whātua o Kaipara** hapū database, for the purpose of compiling the roll of electors and beneficiaries. The database is administered by Ngā Maunga Whakahii o Kaipara Development Trust.

Applicant DETAILS									
INGOA MATUA/SURNAME		MAIDEN NAME (if applicable)	INGOA IRIIRI/GIVEN NAME(S)			TANGATA/WAHI (circle one)			
									M / F
PREFERRED NAME (IF	OTHER NAM	ES KNOV	WN BY						
KAINGA/ HOME ADDRE	POSTAL ADDRESS (if different)								
PRIMARY CONTACT NUMBERS				EMAIL					
	MOBIL	ENUMBER	-						
	WOBILI								
RAW	/HANAU/	BIRTH DATE			AF		งบ		
OCCUPATION			LIST YOUR QUALIFICATIONS / TRADE SKILLS						
TE REO MAORI SPEAKING LEVEL (please circle)			None	Beginn	ner	Intermediate	Fluen	t	Advanced
SPOUSE NAME									
SPOUSE IWI (if applica	ble)								
RELATED CHILDREN (aged under 18 years only)			MALE/FEMA	E (	CHILDS	BIRTHDATE		RELA	TIONSHIP TO YOU
	is sheet if you ne	ed more	space						
L									

**IWI REGISTRATION** 

**CIVINO:** 

AFFILIATIONS									
MY PRIMARY MARAE FOR VOTING PURPOSES (Please circle one – selecting more than one will result in your application being void.)									
REWETI	HARANUI	KAKANUI	ARAPARE	RA PUATAHI					
Whiti Te Ra	Ngā tai i turia ki te maro whara	Te Kia Ora	Te Aroha F	Pa Te Manawanui					
Indicate other marae affiliations below (circle)									
REWETI	HARANUI	KAKANUI	ARAPARE	RA PUATAHI					
MARAE VETTED BY: SIGNED: DATE:									
	Your Fathers Full Name Your Mothers Full Name								
Grandfather	Grandmother	Grandfat	her	Grandmother					
Great Grand Mother	Great Grand Mo	ther Great Gra	nd Mother	Great Grand Mother					
Great Grand Father	Great Grand Fat	ther Great Gra	nd Father	Great Grand Father					
	_								

## ARE YOU A WHANGAI APPLICANT? (Please tick if yes)

If you are registering as a Whangai Child of a Ngāti Whātua o Kaipara Descendant you must indicate this by ticking the box. Please provide the whakapapa of your whangai parent(s) in the table above. In addition, please answer the question below if known.

What is/are the full name of your birth parent(s)

What is/are their iwi affiliations?

## **KAIPARA CARD - OPTIONAL**

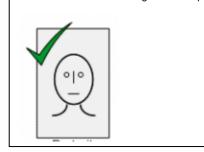
Being a registered member of Ngāti Whātua o Kaipara entitles you to the benefit of a Kaipara Card. You can use your Kaipara Card to access discounted services and activities. You are generally required to present your Kaipara Card on entry in order to receive your discount.

Please provide a passport style photograph with your application so we can have a card made up. If you are emailing your application, you must attach a pdf. File of high resolution.

You can take this photo yourself but it must meet the criteria below.

Suitable Photo Criteria:

- Must be a headshot with a gap around the head.
- Face and eyes in full view with no
- obstructing objects (e.g. no hats or scarves)No shadows or glare in the photo



## Whakapuakitanga/Declaration and Statement

I sincerely declare that:

- 1. All the information on this registration form is true and correct
- 2. I understand that the information I provide will be held by the Ngā Maunga Whakahii o Kaipara Development Trust Office and stored in adherence with the Privacy Act 1993 ;
- 3. I acknowledge that the information supplied may be made available to all entities under the governance of Ngā Maunga Whakahii o Kaipara Development Trust Office to keep me informed of opportunities & activities that may be of interest to me;
- 4. I authorise Ngā Maunga Whakahii o Kaipara Development Trust Office to <u>share</u> the information collected on this registration with the stated Primary Marae, and to make such inquiries about me to any third party that may be relevant to processing this registration.
- 5. I have the right of access to and the right to request correction of information held by Ngā Maunga Whakahii o Kaipara Development Trust Office concerning me.

	Date :			
Full Name :	Address:			
Signature of Witness :	Date :			
(Witness must be over the age of 18yrs and have known the applicant for at least one year)				
OFFI	CE USE ONLY			
	Signature of Witness : (Witness must be over the age of 18y			

Received Date	Checked		Confirmed receipt	
Marae vetted	Entered to DB		Photo uploaded	
Kaipara card issued (date)		EXPIRY		NO. of ID

## DEFINITION OF NGÃTI WHÃTUA O KAIPARA

The legal meaning of 'Ngāti Whātua o Kaipara' has been defined within section 12 of the 'Ngāti Whātua o Kaipara Settlement Act 2013' and reaffirmed in the Nga Maunga Whakahii o Kaipara Deed of Trust

(1) In this act Ngāti Whātua o Kaipara—

- (a) means the collective group composed of individuals who are descended from
- (i) Haumoewaarangi; and
- a recognised ancestor of at least one of Ngāti Whātua Tūturu, Te Tao Ū, Ngāti Rango (sometimes referred to as Ngāti Rongo), Ngāti Hine, or Te Uri o Hau who exercised customary rights predominantly within the area of interest at any time after 6 February 1840; and
- (b) includes the individuals referred to in paragraph (a); and
- (c) includes every whānau, hapū, or group to the extent that it is composed of those individuals.

For the purpose of clause (a) above, a person is descended from another person by ;

- (a) Birth
- (b) Legal Adoption
- (c) Maori customary adoption (whangai\*) n accordance with Ngāti Whātua o Kaipara tikanga. Ngāti Whātua o Kaipara Tikanga means the customary values and practices of Ngāti Whātua o Kaipara

For the purpose of clause (a) above, customary rights means rights exercised according to tikanga o Ngāti Whātua o Kaipara, including—

- (a) rights to occupy land; and
- (b) rights in relation to the use or stewardship of land or other natural or physical re sources; and
- (c) rights of burial; and
- (d) rights to affiliate to a Ngāti Whātua o Kaipara marae at any of the following places:
- (i)Haranui (ii)Reweti (iii)Araparera (iv)Kakanui (v)Puatahi

The complete Ngāti Whātua o Kaipara Claims Settlement Act 2013 can be viewed online or in our offices.



		WF	IANAU	SU	RVEY				
This information is used by Ngā Maunga Whakahii o Kaipara Development Trust for our annual planning and setting of									
targets.	Completing	g this survey will help us	in understandin	ng key ar	eas that we can most	support whanau in.			
1.	On the sc	ale, please mark how sa	tisfied you are v	with your	current lifestyle and v	vellbeing			
	-		-			-			
chang	I would ge most thin	gs	Life is OK			I would not change anything			
2.	In the pas	t 3 months, have you he	ard about the se	ervices a	vailable through Whiti	i Ora o Kainara?			
۷.		Yes	No		Not sure				
			-						
3.		o Kaipara is the charitat o 7 (least), which service				evelopment Trust. Please rank from efit from.			
		Housing							
		Education / Training/Careers Financial wellbeing							
		Community (e.g. acce	ssing governme	ent & othe	er community agencie	ıs)			
		Health & Wellbeing							
		Cultural Support							
	Other								
		1							
4.		a o Kaipara was able to r ability to work with us, t				u asked for, what things might s?			
		Transport							
		Cost							
		Childcare							
		Employment							
		I don't have time							
		I don't need any help							
		I'm not sure if you can	help me						
		Other, please specify							

5. What is your main goal right now and what is the main thing that would help you achieve that goal