



TE ARAWA LAKES TRUST

ENROLMENT FORM - REGISTER OF BENEFICIARIES

Once completed please return this form to:

TE ARAWA LAKES TRUST, PO BOX 128 , 1161 PUKUATUA STREET, ROTORUA 3040,
NZ

If you have any enquiries please contact:

PHONE +64 7 346 1761 | 0508 TE ARAWA (832729)

registration@tearawa.iwi.nz

www.tearawa.iwi.nz

SECTION 1: PERSONAL & CONTACT INFORMATION

SURNAME: _____

FIRST NAMES: _____

TITLE: MR MRS MISS MS GENDER: FEMALE MALE

DATE OF BIRTH: _____

MAIDEN NAME (if applicable): _____

HOMEADDRESS: _____

SUBURB: _____ CITY / TOWN: _____

POSTAL ADDRESS: _____

EMAIL: _____

Would you like to receive information via email : ĀE / YES KAO / NO

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

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Ngāti Hinekura | <input type="checkbox"/> Ngāti Hinerangi | <input type="checkbox"/> Ngāti Kuri | <input type="checkbox"/> Ngāti Makino |
| <input type="checkbox"/> Ngāti Marukukere | <input type="checkbox"/> Ngāti Moko | <input type="checkbox"/> Ngāti Paruahanui | <input type="checkbox"/> Ngāti Pikia |
| <input type="checkbox"/> Ngāti Rereamanu | <input type="checkbox"/> Ngāti Rongomai | <input type="checkbox"/> Ngāti Tamakari | <input type="checkbox"/> Ngāti Tamateatutahi/Kawiti |
| <input type="checkbox"/> Ngāti Te Rangiunuora | <input type="checkbox"/> Ngāti Te Takinga | <input type="checkbox"/> Ngāti Tuheke a Hani | <input type="checkbox"/> Ngāti Tutaki-a-Koti |
| <input type="checkbox"/> Ngāti Wahanui | <input type="checkbox"/> Ngāti Whakahemo | <input type="checkbox"/> Ngāti Whakaokorau | <input type="checkbox"/> Ngāti Moemiti |

TE URE O UENUKUKŌPAKO

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Ngāti Hurunga Te Rangi | <input type="checkbox"/> Ngāti Karenga | <input type="checkbox"/> Ngāti Kearoa | <input type="checkbox"/> Ngāti Kererū |
| <input type="checkbox"/> Ngāti Ngararanui | <input type="checkbox"/> Ngāti Ngata | <input type="checkbox"/> Ngāti Pukaki | <input type="checkbox"/> Ngāti Rangiiwaho |
| <input type="checkbox"/> Ngāti Rangiteaorere | <input type="checkbox"/> Ngāti Rangiwewehi | <input type="checkbox"/> Ngāti Rehu | <input type="checkbox"/> Ngāti Riri |
| <input type="checkbox"/> Ngāti Taeotu | <input type="checkbox"/> Ngāti Tahu | <input type="checkbox"/> Ngāti Tawhaki | <input type="checkbox"/> Ngāti Te Ngakau |
| <input type="checkbox"/> Ngāti Te Purei | <input type="checkbox"/> Ngāti Tuara | <input type="checkbox"/> Ngāti Tunohopū | <input type="checkbox"/> Ngāti Tura |
| <input type="checkbox"/> Ngāti Tuteniu | <input type="checkbox"/> Ngāti Uenukukopako | <input type="checkbox"/> Ngāti Waoku | <input type="checkbox"/> Ngāti Whakakeu |
| <input type="checkbox"/> Ngāti Whakaue | <input type="checkbox"/> Ngāti Whaoa | <input type="checkbox"/> Te Roro o Te Rangi | |

TŪHOURANGI

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Tūhourangi | <input type="checkbox"/> Ngāti Tumatawera/Kahuupoko | <input type="checkbox"/> Ngāti Rangitahi | <input type="checkbox"/> Ngāti Taoi |
| <input type="checkbox"/> Ngāti Tarawhai | <input type="checkbox"/> Ngāti Tu | <input type="checkbox"/> Ngāti Tuohonoa | <input type="checkbox"/> Ngāti Wahiao |
| <input type="checkbox"/> 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: _____

SECTION 3: WHAKAPAPA (Three generations of whakapapa from the applicant are required)

Please indicate your tūpuna who is / are	of TE ARAWA DESCENT only.		
		Grandfather	Great Grandfather
Applicant	Father		Great Grandmother
		Grandmother	Great Grandfather
	Mother		Great Grandmother
		Grandfather	Great Grandfather
		Grandmother	Great Grandmother
		Grandmother	Great Grandfather
			Great Grandmother
			Great Grandfather
			Great 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.

Board Member's Name: _____ Signature: _____

Tūpuna Rohe Represented: _____ 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		
	M / F		
	M / F		
	M / F		