

Ngai Tumapuhia-a-Rangi Hapu Registration Form

Surname: _____ **First Name(s):** _____

Street Address: _____

Town/City: _____ **Post Code:** _____

Email: _____

Phone: _____ (home) _____ (mobile)

DOB: _____ / _____ / _____ (date/month/year)

Please state your affiliation to Ngāi Tūmapūhia-a-Rangi Hapu:

Through my mother: _____ (please include maiden name)

Through my father: _____

Grandmother: _____

Grandfather: _____

Whangai: YES / NO **Whangai parents:** _____

If you have children under 18 years of age, please list below: (children 18 years and over need to complete their own form)

Surname	First Name	Age	Birth Date	Male/Female (M/F)

Whakapuakitanga / Declaration to comply with the provisions of the Privacy Act 1993:

1. I confirm that I am a blood descendant of Tūmapūhia-a-Rangi and consent to register myself and my children with the Hapu
2. I confirm that all information contained on this form is true and correct
3. I confirm I wish to receive further communication from Ngai Tumapuhiaarangi via email

I CONSENT TO MY DETAILS BEING ADDED TO THE KAHUNGUNU KI WAIRARAPA TAMAKI NUI A RUA TRUST DATABASE FOR NGAI TUMAPUHIAARANGI: _____ (Please initial authorisation)

Signature: _____ **Date:** _____ / _____ / _____

Verified by Kaumatua: _____ **Date:** _____ / _____ / _____

Name of Kaumatua: _____

The Hapu confirms that all information contained above will only be held for the purposes of Ngāi Tūmapūhia-a-Rangi registration.