



STATEMENT

A comprehensive settlement of the historical Treaty of Waitangi Claims (Claims), of Te Arawa iwi and hapu (the affiliates), as listed on the second page, has been negotiated. The settlement once enshrined in legislation enables the assets and proceeds to transfer to the affiliates through its governance entity, Te Pumautanga O Te Arawa Trust (TPT). Upon signing a Deed of Covenant with the Crown on 1 December 2006, TPT was established as the governing body to receive and manage the settlement assets on behalf of the affiliates. TPT has established a register (the Register) of members of the affiliates it represents. If you are of Te Arawa descent and can whakapapa to at least one of the affiliates listed on the second page, then you have an interest in the settlement of these Claims. You are therefore encouraged to register on this form. It is important to register all whanau members on the Register, including every dependent child. This will enable you and your whanau to participate through TPT in the settlement process and receive any benefit that may arise from it. Young adults aged 17 years and over should fill out their own form.

On the second page also, provision is made for you to provide two or more generations of whakapapa of Te Arawa descent, if you can. One or two generations back may be all that is necessary for kuia/koroua (elderly), but three or more generations may be necessary for tamariki/mokopuna (children/grandchildren) particularly. Supplementary pages are provided if you wish to declare your whakapapa to more than one affiliate iwi/hapu. Whakapapa provided on the TPT register may be validated by TPT in consultation with Te Pukenga Kaumatua O Te Arawa (Council of Elders of Te Arawa).

YOU SHOULD COMPLETE AS MUCH OF THIS FORM AS YOU CAN

All information will remain confidential (See privacy provisions set out on bottom of this page)

Once you have completed this form, please return it to:

Freeport Te Pumautanga
PO Box 6084
ROTORUA
(No stamp required)

For any other enquiries please contact:

Phone: 07 347 4615
Fax: 07 347 4654
Free phone: 0800 524 428 1800 237 527 (Australia)

Email registration@tpota.org.nz

Website: www.tpota.org.nz

Indicate that this is the first time that you have registered with Te Pumautanga O Te Arawa

Indicate that you are updating your registration details

Please indicate in the box provided



Mr Mrs Ms Miss Master

Surname:

Maiden Name:

First Given Names:

Physical Address:

(If address is different from above)

Postal Address:

Contact Ph: Fax Ph:

Email:

Gender: Male Female Date Of Birth: / /

Indicate that you are signing this form on behalf of someone who may be incapacitated at this time

DEPENDENT CHILDREN (Aged 17 years and over can fill out their own form)

Table with columns: NAME, DOB, GENDER. Multiple rows for dependent children.

Pursuant to the Privacy Act 1993 the information held on this form may be included in the Register, and may be used at the discretion of TPT for any purpose relative to the Claims, and ongoing administration of the settlement.

Those purposes include identification of Te Arawa itself including any future entitlements as members of Te Arawa iwi and hapu affiliates, and to confirm your entitlements to the benefits of the settlement for example, the right to vote in elections and to access any services that TPT may offer.

You are entitled to inspect the information on the Register relating to yourself and your dependant children and you can request corrections or removal of your information at any time.

Please continue over page >

For Office Use Only

Received on:

Validated by: Validated on: / /

I \_\_\_\_\_ declare that the information given in the form is true and correct and that I am of Te Arawa descent in accordance with the provisions of this registration form. For the purposes of the Privacy Act 1993, I consent to the information provided in this form being included as part of the Register and to the disclosure of my personal information to my nominated affiliated iwi/hapu, for such purposes as TPT considers necessary relating to the settlement of Claims (including the ongoing administration of the Claims and the settlement). I also consent to the disclosure of this form to Te Pukenga Kaumatua O Te Arawa (Council of Elders of Te Arawa), for the purposes of validating my registration.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### WHAKAPAPA

Only one parental line of Te Arawa descent is all that is necessary for the purposes of this form. (You may complete a supplementary page if you wish to declare your affiliation to more than one of the iwi/hapu listed, giving relevant whakapapa for each affiliation)

Please indicate in the box provided  T - Tane or W - Wahine

Tupuna 6th generation

T  W

5th generation

T  W

4th generation

T  W

3rd generation

T  W

2nd generation

T  W

Applicant

T  W

Indicate in the boxes  your iwi or hapu (if listed) to which you mainly affiliate, or write your hapu (if not shown) under the listed iwi group and/or marae to which you mainly associate.

- |   |   |
|---|---|
| <input type="checkbox"/> Ngati Pikiao Iwi           | <input type="checkbox"/> Ngati Tura Ngati Te Ngakau Hapu                                  |
| <input type="checkbox"/> Ngati Tarawhai Iwi         | <input type="checkbox"/> Ngati Ngararanui (including Ngati Tamahika & Ngati Tutaiti Hapu) |
| <input type="checkbox"/> Ngati Rongomai Iwi         | <input type="checkbox"/> Ngati Te Roro O Te Rangi Hapu                                    |
| <input type="checkbox"/> Ngati Kea Ngati Tuara Iwi  | <input type="checkbox"/> Ngati Tuteniu Hapu   |
| <input type="checkbox"/> Ngati Uenukukopako Iwi     | <input type="checkbox"/> Ngati Wahiao Hapu  |
| <input type="checkbox"/> Tuhourangi Iwi             | <input type="checkbox"/> Unknown  |
| <input type="checkbox"/> Ngati Tahu-Ngati Whaoa Iwi |   |