

Checklist – Have you?

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- Ticked which Claimant Group & Hapū you affiliate to
- Entered your name and contact details
- Entered your child/children's name and details

Page 3

- Completed your whakapapa details
- Named, signed and dated 'Your Declaration'

Follow up – We will:

- Ensure your details are complete
- Send you a letter acknowledging receipt of your registration
- Send you a letter confirming membership

Send your registration form to:

Beneficiary Register

Freeport HE TOA TAKITINI
 He Toa Takitini
 PO Box 2643
 Stortford Lodge
 HASTINGS 4156

OR

Use the attached envelope

We are here to help you through the registration process, please contact our office should you have any questions

0800 TAKITINI (0800 825484)

www.hetoatakitini.iwi.nz

HE TOA TAKITINI

Heretaunga Park
 821 Orchard Road
 PO Box 2643
 Stortford Lodge, Hastings 4156
 Aotearoa NZ
P 06 873 0978
F 06 873 0976
E info@hetoatakitini.iwi.nz
W www.hetoatakitini.iwi.nz

Office Use Only

Date Received	Verification Required	<input type="checkbox"/> Registration Confirmation Letter
Date Entered	<input type="checkbox"/> Yes <input type="checkbox"/> No	Membership No: _____
<input type="checkbox"/> Details Complete	<input type="checkbox"/> Sent for Verification	
<input type="checkbox"/> Incomplete Letter Sent	Date Verified	

HE TOA TAKITINI Registration Form

Filling out this form will enable He Toa Takitini to establish a database of Beneficiaries that whakapapa to Heretaunga-Tamatea - Kia ora

Who can register?

- ≈ Descendants of Heretaunga-Tamatea - members of one of the hapū listed below and who exercise, or descend from those who have exercised, customary rights in the Heretaunga-Tamatea area of interest.
- ≈ You must be 18 years or older to register. However, parents/guardians can register their children.

Why register?

- ≈ To be kept informed of the progress of the Heretaunga-Tamatea Treaty claims through communication from He Toa Takitini.
- ≈ To access beneficiary entitlements of He Toa Takitini.
- ≈ To assist He Toa Takitini in communicating with you.
- ≈ To participate and vote on various issues relating to the Heretaunga-Tamatea Treaty claims.
- ≈ To enable He Toa Takitini to have an accurate record of size, distribution and age of our membership.

Privacy of Information

- ≈ The information supplied is confidential within the terms of the Privacy Act 1993 and is for the lawful use by He Toa Takitini, its successor and the respective claimant group for the purposes set out above.
- ≈ You have the right to view and correct your personal information held by He Toa Takitini.

I belong to the following Claimant Group/s and Hapū

Claimant Groups

- Omaha Marae
- Te Awhina Marae
- Rūnanga Marae
- Waipatu Marae
- Matahiwi Marae
- Ruahāpia Marae
- Kohupātiki Marae
- Korongatā Marae
- Mihiroa Marae
- Hougarea Marae
- Mangaroa Marae
- Kahurānaki Marae
- Taraia Marae
- Waimārama Marae
- Mataweka Marae
- Pourerere Marae
- Pukehou Marae
- Tapairu Marae
- Te Whatuiāpiti Marae
- Rākautātahi Marae
- Te Rongo a Tahu Marae
- Rongomaraeroa Marae
- Aorangi Māori Trust Board
- Te Whatuiāpiti Tribal Authority
- Kairākau Lands Trust

Hapū

- Ngāti Hinemanu
- Ngāi Te Ūpokoiri
- Ngāti Mahuika
- Ngāti Hāwea
- Ngāti Hori
- Ngāti Hinemoa
- Ngāti Kautere
- Ngāi Toroiwaho
- Ngāti Toaharapaki
- Ngāti Tukua i te Rangi
- Ngāti Mihiroa
- Ngāti Papatuamāro
- Ngāi Tamaterā
- Ngāti Ngarengare
- Ngāti Te Rehunga
- Ngāi Te Whatuiāpiti
- Ngāti Kotahi
- Ngāti Rahunga
- Ngāti Pōporo
- Ngāi Te Rangikoianake
- Ngāti Hotoa
- Ngāti Kurukuru
- Ngāti Whakaīti
- Ngāti Hikatoa
- Ngāti Ura ki te Rangi
- Ngāi Te Oatua
- Ngāi Toroiwaho
- Ngāi Te Hauapu
- Ngāi Te Rangitekahutia
- Ngāi Te Hurihanga-i-te-rangi
- Ngāti Pukututu
- Ngāti Mārau o Kahungunu
- Ngāi Te Kikiri o te Rangi
- Rangitotohu
- Ngāi Tahu (Tahu Makakanui)
- Ngāti Kere
- Ngāti Manuhiri
- Ngāti Hinetewai
- Ngāti Pihere

Your Details

Title Mr. Mrs. Ms Miss

First Name(s)

Surname Maiden Name

Birth Date Gender Male Female Are you a Whāngai Yes No

Phone Mobile

Email

Postal Address Residential Address

Your Children

First Name(s)

Surname

Birth Date Gender Male Female

First Name(s)

Surname

Birth Date Gender Male Female

First Name(s)

Surname

Birth Date Gender Male Female

First Name(s)

Surname

Birth Date Gender Male Female

Your Whakapapa

Please provide us with as much information to assist us in processing your registration.

Please note any familiar names your whānau may be known by.

NOTE: Please use full names when identifying your whānau

Your Parents	Your Grandparents	Your Great Grandparents
Your Mother <hr/> <hr/> Hapū Marae Iwi	Your Grandmother Your Grandfather Your Grandfather Your Grandfather	Your Great Grandmother Your Great Grandfather Your Great Grandmother Your Great Grandfather Your Great Grandmother Your Great Grandmother Your Great Grandfather
Your Father <hr/> <hr/> Hapū Marae Iwi	Your Grandmother Your Grandfather Your Grandfather	Your Great Grandmother Your Great Grandfather Your Great Grandmother Your Great Grandmother Your Great Grandfather

Your Declaration

I declare the information provided in this registration form is true and correct to my knowledge

Name (print)

Signed Date

Office Use Only - Verification of Whakapapa

To be completed by an authorized mandated Marae representative

Name (print)

Signed Date