



Te Rūnanga o Ngāi Tahu

# Application for Registration

P O Box 13-046  
Christchurch  
Email: whakapapa@ngaitahu.iwi.nz

Phone (03) 371 2629  
Fax (03) 365 4424  
www.ngaitahu.iwi.nz

Title	<input type="text"/>	Postal Address	<input type="text"/>
First Name(s)	<input type="text"/>		<input type="text"/>
Middle Name	<input type="text"/>		<input type="text"/>
Surname	<input type="text"/>		<input type="text"/>
Preferred Name	<input type="text"/>	Post Code	<input type="text"/>
Nick Name	<input type="text"/>		
Salutation	<input type="text"/>	Residential Address	<input type="text"/>
Occupation	<input type="text"/>		<input type="text"/>
Phone Home	<input type="text"/>		<input type="text"/>
Fax	<input type="text"/>		<input type="text"/>
Mobile	<input type="text"/>	Phone Work	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Email Address	<input type="text"/>

Do you want to receive Ngai Tahu publication Yes  No

PLEASE COMPLETE WHAKAPAPA CHART ON PAGE 3:

DECLARATION: I do solemnly and sincerely declare:

- (a) That I am Ngai Tahu in terms of the Te Rūnanga o Ngāi Tahu Act 1996,
- (b) That I am a blood descendant of the following 1848 Kaumatua of Ngai Tahu iwi (please list on page 2)
- (c) That the Whakapapa on page 3 indicating my blood descent from the said 1848 Kaumatua is true and correct.
- (d) That I was born at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ of the year \_\_\_\_\_  
(A copy of the applicant's full birth certificate must be attached to this application – Do not send originals, as they will not be returned)
- (e) Signature \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_  
(Parents or Guardians may sign this application on behalf of minors)

Full Name: \_\_\_\_\_

1848 Kaumatua	Kaumatua No.	File No.	1848 Kaumatua	Kaumatua No.	File No.

- Have you
- Entered NAME and CONTACT DETAILS.
  - COMPLETED WHAKAPAPA details on Page 3.
  - Enclosed a COPY of applicant's FULL BIRTH CERTIFICATE.
  - SIGNED and DATED the application.

Post to:  
Enrolments,  
Whakapapa Ngai Tahu,  
PO Box 13046,  
Christchurch.

Office use only  
Date Received: Day: \_\_\_\_ /Mth: \_\_\_\_ /Yr \_\_\_\_  
Entered By: \_\_\_\_\_

Office use only:  
Attention is drawn to Sections 7, 8, & 13 of the Te Runanga o Ngai Tahu Act 1996, together with the 1848 list of Ngai Tahu Kaumatua (generally referred to as the Blue Book)

Office use only  
Authorised By: \_\_\_\_\_  
Date: Day: \_\_\_\_ /Mth: \_\_\_\_ /Yr \_\_\_\_

This Application will not be accepted unless fully completed and a copy of the applicant's full birth certificate is attached.  
It is preferred that you complete the required items on this form in black ink/ball point

Full Name:

The beneficiary's full name and the names of both parents should be given thereafter. It is necessary to trace only the line of descent back to the original "Kaumatua" of the Ngai Tahu iwi mentioned in the declaration.



