



**TE RUNANGA O NGĀI TAHU
WHAKAPAPA**



P O Box 13-046
Christchurch

Phone (03) 366 4344 or 0800 524 8248
Fax (03) 341 6792

A P P L I C A T I O N F O R R E G I S T R A T I O N

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*)

NAME:

Mr/Mrs/Miss/Ms/ _____
(First Name (s)) (Surname)

ADDRESS DETAILS:

Address: _____

_____ Town _____ Post Code _____

Country: _____ Work Ph Number: ____ / _____

Home ph number: ____ / _____ E-mail: _____

Mobile number: ____ / _____ Occupation: _____

PLEASE COMPLETE WHAKAPAPA CHART ON REVERSE SIDE OF FORM:

PLEASE LIST THE 1848 KAUMĀTUA THAT YOU CLAIM YOU NGĀI TAHU DESCENT FROM

1848 Kaumatua	Kaumatua Number	File Number	1848 Kaumatua	Kaumatua Number	File Number
1			9		
2			10		
3			11		
4			12		
5			13		
6			14		
7			15		
8			16		

DECLARATION:

I do solemnly and sincerely declare:

- 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)
- That I am Ngai Tahu in terms of the “Te Runanga o Ngai Tahu Act 1996”
- That I am a **blood** descendant of the 1848 Kaumatua of Ngai Tahu iwi as listed above
- That the Whakapapa on the reverse side of this form indicating my **blood** descent from the said “1848 Kaumatua” is true and correct

I acknowledge that the information contained in this form provided by me to Te Runanga o Ngai Tahu Whakapapa is subject to the Privacy Act 1993; and that by signing this form, I agree that Te Runanga o Ngai Tahu may use this information to maintain its whakapapa records, tribal register, Papatipu Runanga voting rolls, contact databases and any other purpose which Te Runanga o Ngai Tahu considers reasonable, whilst performing its statutory role.

SIGNATURE _____

Date ____ / ____ / ____

(Parents or Guardians may sign this application on behalf of minors)

Check List

- Entered **FULL NAME** and **CONTACT DETAILS**.
- **COMPLETED WHAKAPAPA** details on the back of this form.
- Enclosed a **COPY** of applicant’s **FULL BIRTH CERTIFICATE**.
- **SIGNED** and **DATED** the application.
- **Post to:** Whakapapa Ngai Tahu PO Box 13-046, Christchurch

Office use Only

Date Received By

____ / ____ / ____

Date Entered By

____ / ____ / ____

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



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 "1848 Kaumatua" of the Ngai Tahu iwi mentioned in the declaration.

(father)

(mother - maiden name)

