



# TE PUMAUTANGA O TE ARAWA TRUST REGISTRATION FORM

1212 Amohia Street, Rotorua 3010 Ph: (07) 347 4615 Email: office@tpota.org.nz Website: www.tpota.org.nz

In December 2006, Te Pumautanga O Te Arawa Trust (TPT) was established as a legal entity to receive, hold and manage settlement assets negotiated on behalf of its Iwi/Hapu Affiliates. TPT has established and maintains a register of beneficiaries it represents. If you can whakapapa to at least one of the affiliates listed at the bottom of the page, then you have an interest in the settlement. It is important to register all whanau members including every dependent child. This will enable you and your whanau to participate and receive any benefits that may arise. Registration provides you with;

- formal recognition with your iwi affiliate
- voting rights at your Affiliate AGM meeting
- participate in trustee election for your Affiliate/s

- participate in trustee election for TPT board of trustees
- entitlement to free seasonal hunting and gaming permits within Kaingaroa and Rotoehu forests.
- receive notification of upcoming events
- eligibility to apply for the Kaingaroa Timberlands Kaitiaki O Te Ngahere Scholarship, for full-time study towards a Forestry Discipline. This scholarship covers the total cost of tuition fees for a period of four years or less, with paid work experience offered during the holiday breaks. Priority is given to applicants with tribal connection to Kaingaroa Timberlands forestry land and those who lived in the central North Island for at least two years.

## AFFILIATION

Name one TPT Iwi/Hapu you affiliate with in the box provided. *You must complete an additional Whakapapa Form for each Iwi/Hapu, you wish to affiliate.*

- I am 18 years of age or older and wish to register with  Iwi/Hapu Affiliate.
- Name of your principle marae: \_\_\_\_\_ Physical Address of Marae: \_\_\_\_\_

## APPLICANT DETAILS

Please indicate in the box provided

- Tick if this is the first time that you have registered with Te Pumautanga O Te Arawa Trust  Tick if you are updating your registration details
- Mr  Mrs  Miss
- Surname: \_\_\_\_\_
- Maiden Name: \_\_\_\_\_
- First Given Names: \_\_\_\_\_
- Gender: Male  Female  Date Of Birth:        /        /
- Physical Address: \_\_\_\_\_  
\_\_\_\_\_
- Postal Address: \_\_\_\_\_  
(If different from above)
- Contact Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_
- Email: \_\_\_\_\_ Facebook Name: \_\_\_\_\_  
(For the purpose of receiving Te Pumautanga Newsletters and updates)

<b>VALIDATION RECEIVED ON</b> /    / <b>(For Office Use Only)</b>
Validated by : _____ (Print Name)
Signed by: _____ Dated:    /    /

**Ngāti Pikiao, Ngāti Rongomai, Ngāti Uenukukopako, Ngāti Ngararanui, Ngāti Tuteniu, Ngāti Tahu/Ngāti Whaoa, Ngāti Te Roro O Te Rangī, Tuhourangi Ngāti Wahiao, Ngāti Kearoa/Ngāti Tuara, Ngāti Tarawhai, Ngāti Tura/Ngāti Te Ngakau**

## WHAKAPAPA

13. Are you a whangai child?                      Yes                       No
14. Which parent whakapapa to TPT?              Whangai Parent               Natural Parent

15. \_\_\_\_\_ M  F   
 15. APPLICANT NAME:
16. \_\_\_\_\_ M  F   
 16. 2<sup>ND</sup> GENERATION (Parent)
17. \_\_\_\_\_ M  F   
 17. 3<sup>rd</sup> GENERATION (Grandparent)
18. \_\_\_\_\_ M  F   
 18. 4<sup>th</sup> GENERATION (Great Grandparent)
19. \_\_\_\_\_ M  F   
 19. 5<sup>th</sup> GENERATION (Great great grandparent)

20. For any further information, you can contact my: \_\_\_\_\_ on \_\_\_\_\_  
 (parent/uncle/aunty/koro/nana/kaumatua) (telephone/mobile/email)

## DEPENDENT CHILDREN – ŌU TAMARIKI

*Any children 18 years and over must complete their own form.*

- | 21. Name: | DOB: | Gender:   | Natural Child:           | Whangai Child:           |
|-----------|------|---|--------------------------|--------------------------|
| _____     | / /  | M <input type="checkbox"/> F <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____     | / /  | M <input type="checkbox"/> F <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____     | / /  | M <input type="checkbox"/> F <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____     | / /  | M <input type="checkbox"/> F <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____     | / /  | M <input type="checkbox"/> F <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## APPLICANT DECLARATION – WHAKAPUAKITANGA KAITONO

22. I \_\_\_\_\_ declare that the information given in this form is true and correct and that I am descent of the Affiliate Iwi/Hapu as indicated in accordance with TPT's Trust Deed. For the purposes of the Privacy Act 1993, I consent that my personal details provided in this form may be collated for the purposes of the Beneficiary Register and TPT may disclose to my Affiliate/s or other Te Arawa Entity that TPT deem I may be a beneficiary. You are entitled to inspect the information on TPT's Register relating to yourself and your dependent children and you can request corrections or removal of your information at any time.

23. Signed: \_\_\_\_\_ Date:        /        /

**Return completed form to 1212 Amohia Street, Rotorua 3010 or scan/email to office@tpota.org.nz**