

## WHAKAPAPA FORM

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

1. I am 18 years of age or older and wish to register with  Iwi/Hapu Affiliate.

2. Name of your principle marae: \_\_\_\_\_ Physical Address of Marae: \_\_\_\_\_

3. \_\_\_\_\_ M  F   
APPLICANT NAME:

4. \_\_\_\_\_ M  F   
2<sup>ND</sup> GENERATION (Parent)

5. \_\_\_\_\_ M  F   
3<sup>rd</sup> GENERATION (Grandparent)

6. \_\_\_\_\_ M  F   
4<sup>th</sup> GENERATION (Great Grandparent)

7. \_\_\_\_\_ M  F   
5<sup>th</sup> GENERATION (Great great grandparent)

8. For any further information you can contact \_\_\_\_\_ who is my \_\_\_\_\_  
(name) (parent/uncle/aunty/koro/kuia)  
on \_\_\_\_\_  
(telephone/mobile/email)

VALIDATION RECEIVED ON

/ /

(For Office Use Only)

Validated by: \_\_\_\_\_ Signed by: \_\_\_\_\_ Dated: / /  
(Print Name)

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