



TE RUNANGA O NGĀI TAHU WHAKAPAPA



P O Box 13-046
Christchurch

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

APPLICATION FOR REGISTRATION

Attention is drawn to Sections 7, 8, & 13 of the “Te Runanga o Ngāi Tahu Act 1996”, together with the 1848 list of Ngāi 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/the applicant 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 no be returned.
- That I am/the applicant is Ngāi Tahu in terms of the “Te Rūnanga o Ngāi Tahu Act 1996”.
- That I am/the applicant is a blood descendant of the 1848 Kaumatua of Ngāi Tahu iwi as listed above
- That the Whakapapa on the reverse side of this form indicating my/the applicant's blood descent from the said “1848 Kaumātua” is true and correct. In accordance with this Privacy Statement.

I acknowledge that the information contained in this form provided by me to Te Rūnanga o Ngāi Tahu is subject to the Privacy Act 2020; and that by signing this form, I agree that I have read the 'Tribal Register Privacy Statement' and consent to Te Rūnanga o Ngāi Tahu collecting, using and disclosing my/the applicant's information in accordance with the 'Tribal Register Privacy Statement' (and any amendments from time to time) and the Privacy Act 2020. *If you are completing this form on behalf of a minor (under 18 years of age), please go to the section 'Signing on behalf of a minor'.*

APPLICANT SIGNATURE _____ Date ____ / ____ / ____

SIGNING ON BEHALF OF A MINOR I _____ am the parent or legal guardian of the minor named in this application and I have the legal authority to sign this application and make the above declarations on their behalf.

SIGNATURE _____ Date ____ / ____ / ____

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 Ngāi 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



(father)

(mother - maiden name)

paternal great great grandfather

paternal great great grandfather

paternal great great grandfather

paternal great great grandfather

paternal great great grandfather

paternal great great grandfather

paternal great great grandfather

paternal great great grandfather

paternal great great grandfather

maternal great great grandfather

maternal great great grandfather

maternal great great grandfather

maternal great great grandfather

maternal great great grandfather

maternal great great grandfather

maternal great great grandfather

maternal great great grandfather

paternal grandfather

maternal grandfather

paternal grandmother

maternal grandmother