TE RŪNANGA KO HUIARAU

ENROLMENT FORM

Nō Aotearoa? Do you currently reside in New Zealand?	☐ Ae / Yes ☐ Kao / No	**Ko tēhea whenua** Specify Country of residence	

Pārongo o matawhaiaro / Personal Information

Ingoa Matua Surname		**Ingoa Whaea** Maiden Name	
Ngā Ingoa Tuatahi First Name(s)			
Rā Whanau Date of Birth		**Taipakeke** Age	**Momo** Gender
Ngā Ingoa a Hoa Rangatira Spouse / Partner Full Name			
Kainga Noho Address			
Tāone nui City		**Rohe whenua** State / Region	
Tātai poutāpeta Zip / Post Code		**Whenua** Country	
Waea Telephone		**Waea Tuarua** Secondary Telephone	
Īmera Email Address		**Mahi** Occupation	

Whakawhanaungatanga / Māori Affiliations

Ingoa ngā Hapu Name of affiliated Sub-tribe		**Ingoa o tou Iwi** Name of affiliated Tribe	
If Ngāti Wikitoria please print supporting Sub-Tribe		*If Ngāti Wikitoria please print supporting Tribe*	
Ingoa o tou Waka Name of affiliated Canoe		**Ingoa o tou Marae** Name of affiliated Marae	
If Ngāti Wikitoria please print supporting Canoe		*If Ngāti Wikitoria please print supporting Marae*	

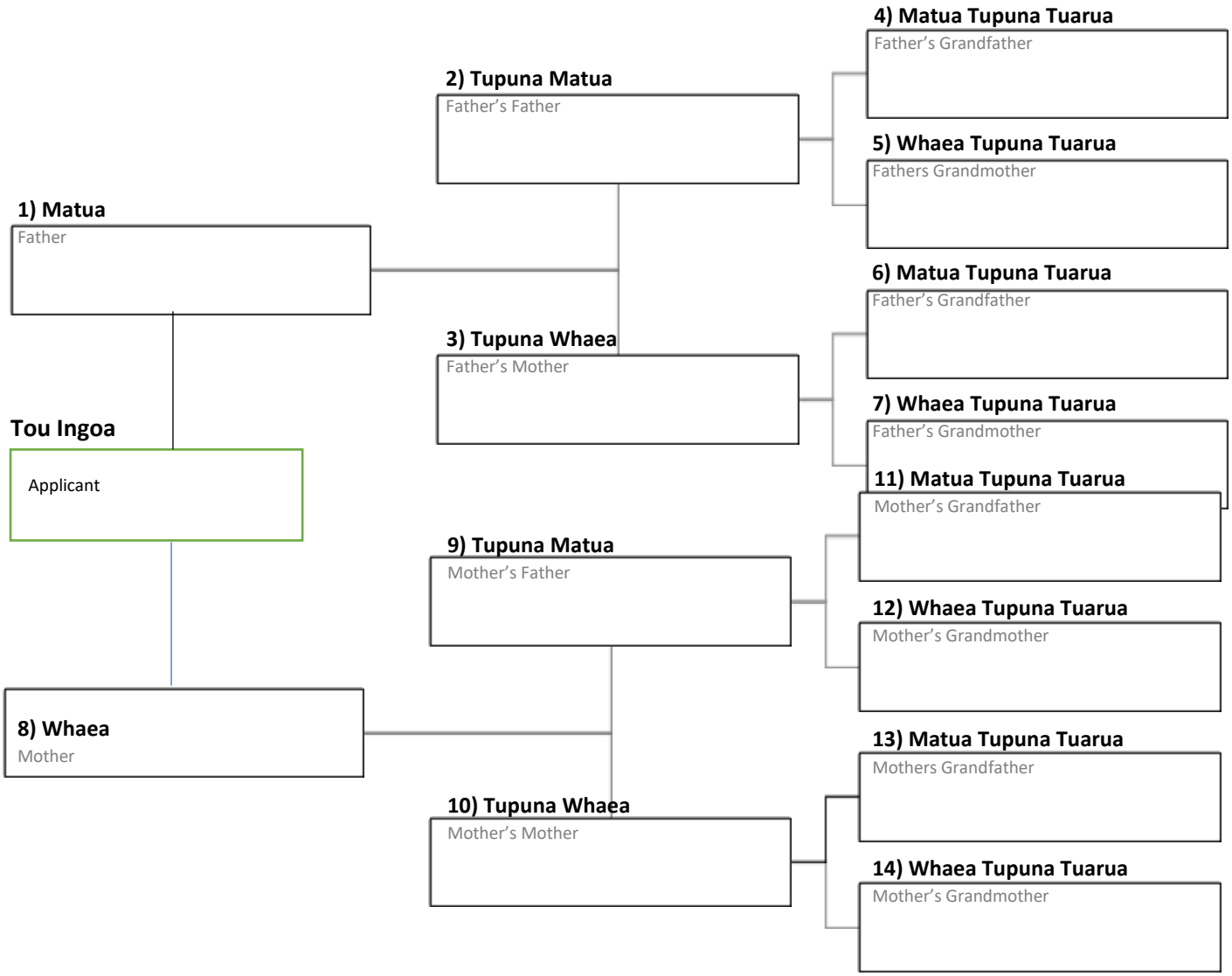
Ngā Ingoa o ou Tamariki / Names of Children under 18 years old - living

Ngā Ingoa Name(s)	**Momo** Gender	**Rā whanau** Date of Birth

TE RŪNANGA KO HUIARAU

WHAKAPAPA ENROLMENT FORM

The applicant is required to provide three generations of family lineage for identification confirmation.



Hainatanga Signature		**Tenei Rā** Date	

I declare that the Information given in this registration is true and correct. Pursuant to tikanga or the ancient laws of Ko Huiarau. The information will be used solely for the purpose of hapu electoral registration with Te Rūnanga Ko Huiarau and remains the property of the hapu stated.

Please email completed forms to [admin@kohuiarau.com]