

**Application Form**

**for**

**Ngati Turangitukua Charitable Trust Register of Beneficiaries**

Before completing this application please read carefully the

“***Notes to the Application***”

on the back page.

On completion please forward the forms to:

**The Ngati Turangitukua Whakapapa Committee**

**PO Box 43**

**Turangi 3353**

**Email:** **turangitukua.whakapapa@gmail.com**

***Office Use Only***

***Date Received: / /***

***Number:***

***PLEASE COMPLETE ALL FIELDS***

|  |  |  |
| --- | --- | --- |
| **First Names:** | **Surname:****Maiden Name:** | **Gender: (*tick box*)****Male 🞎** **Female 🞎** |
| **Address: (Please include Postal Code)** |
| **Your date of birth:** | **Telephone #:****Mobile #:** | **Email:** |
| **Occupation (where applicable):** |
| **Names of children under 18 years** | **Date of birth** | **Male or Female** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| **Names of siblings (brothers & sisters)** | **Date of birth** | **Address if known** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |

|  |
| --- |
| Please complete **ONLY** your **Turangitukua Whakapapa** in this section. No other whakapapa is required. (*print clearly*) |
|  |  |  |  |  |
|   |  |  |  |  |
| Great Great Grandfather |   |  |  |  |
|   | Great Grandfather |  |  |  |
| Great Great Grandmother |   |  |  |
|   |   | Grandfather |  |  |
| Great Great Grandfather |   |   |  |  |
|   | Great Grandmother |   |  |  |
| Great Great Grandmother |   |   |  |
|   |  |   | Father |  |
| Great Great Grandfather |   |   |   |  |
|   | Great Grandfather |   |   |  |
| Great Great Grandmother |   |   |  |
|   |   | Grandmother |   |  |
| Great Great Grandfather |   |  |   |  |
|   | Great Grandmother |  |   |  |
| Great Great Grandmother |  |   |   |
|   |  |  |   | Your Name |
| Great Great Grandfather |   |  |   |  |
|   | Great Grandfather |  |   |  |
| Great Great Grandmother |   |   |  |
|   |   | Grandfather |   |  |
| Great Great Grandfather |   |   |   |  |
|   | Great Grandmother |   |   |  |
| Great Great Grandmother |   |   |  |
|   |  |   | Mother |  |
| Great Great Grandfather |   |   |  |  |
|   | Great Grandfather |   |  |  |
| Great Great Grandmother |   |  |  |
|   |   | Grandmother |  |  |
| Great Great Grandfather |   |  |  |  |
|   | Great Grandmother |  |  |  |
| Great Great Grandmother |  |  |  |

**How do you whakapapa to Turangitukua?**

**Please show your Turangitukua descent from ONE ONLY of names shown below:**

**TURANGITUKUA = TE REWHANGAOTERANGI**

|

 | | | |

 **Hingaia Te Mahaoterangi Te Rangitautahanga Hinerangi**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of applicant/Mokopuna)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Notes to the Application****Entitlement to Register**Only those persons who can whakapapa directly by bloodline to the hapu of Ngati Turangitukua are entitled to register.**Inability to complete enrolment form**To be registered as a beneficiary it is necessary that you prove your entitlement to be registered. **Issue (children)**Please list all your issue (children) on this enrolment form. Those who are 18 years or older **must** complete their own enrolment form. Please use a separate sheet of paper if you have more than eight (8) issue. Beneficiaries under the age of 18 will be registered but not for voting purposes.**Siblings (full brothers and sisters)**Please also list your siblings, their dates of birth and if possible their postal and/or email addresses.**Whakapapa**It is accepted your whakapapa is your personal taonga. The provision of your whakapapa is required only to prove your entitlement to be placed on the Ngati Turangitukua Charitable Trust Beneficiaries Register.**Change of Details**Should there be a change in your personal details (address, phone, email, etc.) please advise us in writing.***I declare that the information provided in this application is true and correct. Pursuant to the Privacy Act 1993, the information will be used at the discretion of the Ngati Turangitukua Charitable Trust and/or its successors.*****Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /**The Ngati Turangitukua Charitable Trust reserves the right to not accept any application due to insufficient or incorrect information.The onus for inclusion on the Ngati Turangitukua Charitable Trust Beneficiary Register is on the applicant only, not the Ngati Turangitukua Charitable Trust.**Office Use Only: Endorsement by Ngati Turangitukua Charitable Trust**As authorised by the Ngati Turangitukua Hapu and the Ngati Turangitukua Charitable Trust, I confirm the abovenamed applicant is a beneficiary of the Hapu and thereby endorse their inclusion on the Ngati Turangitukua Charitable Trust Beneficiary Register.**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /**  |  |  |  |  |