

NGĀTI MUTUNGA IWI REGISTRATION FORM

Mutunga Identity Number Tupuna (ancestor) Name

Descendant (Over 18 years old) of a Ngāti Mutunga Tupuna

PERSONAL DETAILS: (PLEASE PRINT CLEARLY)

Mr Mrs Miss Ms Dr (please circle one) Male Female

Last Name: _____

First Names: _____

Nee/Maiden Name: _____

Date of Birth: _____

CONTACT DETAILS:

Address: _____

PO Box: _____ RD: _____ Suburb: _____

City/Town: _____ Postcode: _____

Country: _____

Email: _____

Phone: _____ Mobile: _____

Qualifications: _____

Return form to: Ngāti Mutunga Registry, PO Box 32, Urenui 4349, NEW ZEALAND

Please list your tamariki (children) and indicate in the last column which if any are Taurima (Adopted)

Children 18 years or over will need to complete their own registration form.

First Names	Last Name	M/F	Birthdate	Taurima <input type="checkbox"/>

Continue on a separate sheet if necessary & attach to this registration form

The Privacy Act 1993, Authority & Declaration

The Privacy Act 1993
 The Information that you supply on this application form will be held by Te Rūnanga o Ngāti Mutunga. Failure to complete all sections truthfully will render this application invalid, and should you have been successful in your registration may be grounds for removal from the Register and Electoral Roll. This information will be held in the Ngāti Mutunga Registry and under Ngāti Mutunga rules of access. No information will be disclosed to third parties without your authorization, except as required by law. Information on unsuccessful applicants will be confidentially destroyed after three months. You have a right to view your personal information held by Te Rūnanga o Ngāti Mutunga. This will occur in the presence of a Rūnanga nominated representative and you may request correction if necessary.

Authority & Declaration
 I hereby authorize Te Rūnanga o Ngāti Mutunga to collect such personal information about me from the named living Ngāti Mutunga relative as is necessary to support my application. I also authorize the living relative to disclose information for the same purpose.

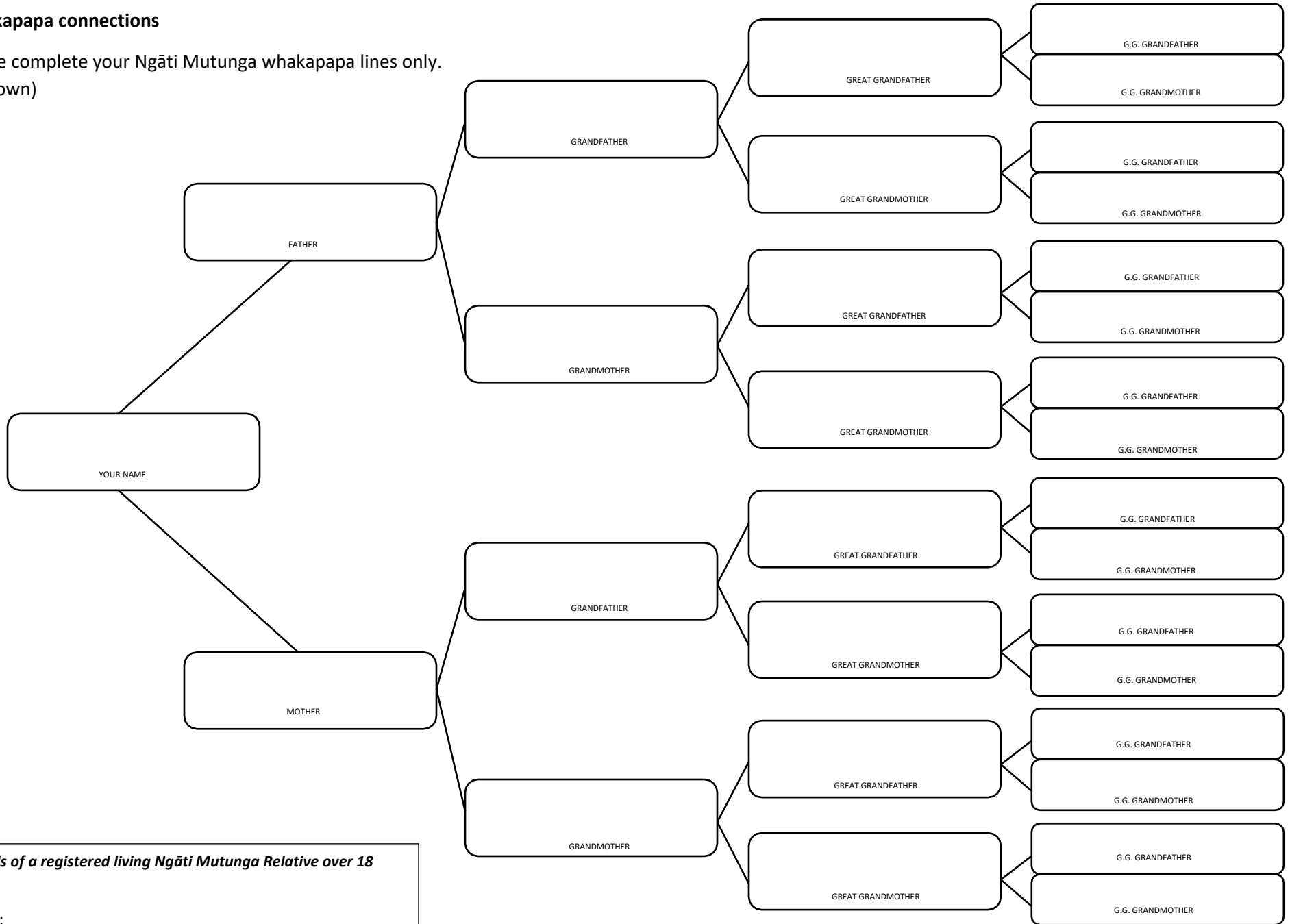
I hereby declare that I have read the above Privacy Act statement and I am aware of my rights under the Privacy Act 1993. I certify that the information provided is correct and no information has been omitted. I also acknowledge that it is my responsibility to advise Te Rūnanga o Ngāti Mutunga when contact details change.

Signed: _____ **Date:** _____

<i>Office use only</i>	<i>Date Received:</i>		<i>Date Validated</i>	
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Whakapapa connections

Please complete your Ngāti Mutunga whakapapa lines only.
(if known)



Details of a registered living Ngāti Mutunga Relative over 18 years

Name: _____

Phone: _____

Email: _____