



TE RUNANGA O NGĀI TAHU  
WHAKAPAPA



P O Box 13-046  
Christchurch

Phone (03) 366 4344 or **0800 942 472**  
Fax (03) 365 4424

**A P P L I C A T I O N F O R R E G I S T R A T I O N**

Attention is drawn to Sections 7, 8, & 13 of the “Te Runanga o Ngai Tahu Act 1996”, together with the 1848 list of Ngai 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			26		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		

**DECLARATION:**

I do solemnly and sincerely declare:

- That I 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 **not** be returned)
- That I am Ngai Tahu in terms of the “Te Runanga o Ngai Tahu Act 1996”
- That I am a **blood** descendant of the 1848 Kaumatua of Ngai Tahu iwi as listed above
- That the Whakapapa on the reverse side of this form indicating my **blood** descent from the said “1848 Kaumatua” is true and correct

I acknowledge that the information contained in this form provided by me to Te Runanga o Ngai Tahu Whakapapa is subject to the Privacy Act 1993; and that by signing this form, I agree that Te Runanga o Ngai Tahu may use this information to maintain its whakapapa records, tribal register, Papatipu Runanga voting rolls, contact databases and any other purpose which Te Runanga o Ngai Tahu considers reasonable, whilst performing its statutory role.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Parents or Guardians may sign this application on behalf of minors)

**Check List**

		Office use Only	
Entered <b>FULL NAME</b> and <b>CONTACT DETAILS</b> .	<input type="checkbox"/>	<b>Date Received</b>	By _____
<b>COMPLETED WHAKAPAPA</b> details on the back of this form.	<input type="checkbox"/>	____ / ____ / ____	
Enclosed a <b>COPY</b> of applicant’s <b>FULL BIRTH CERTIFICATE</b> .	<input type="checkbox"/>	<b>Date Entered</b>	By _____
<b>SIGNED</b> and <b>DATED</b> the application.	<input type="checkbox"/>	____ / ____ / ____	
<b>Post to:</b> Whakapapa Ngāi Tahu PO Box 13-046, Christchurch	<input type="checkbox"/>		

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



The beneficiary's full name and the names of both parents should be given thereafter it is necessary to trace only the line of descent back to the original "1848 Kaumatua" of the Ngai Tahu iwi mentioned in the declaration.

