



**NGĀTI TŪRANGITUKUA CHARITABLE TRUST**

“Ka hui nei tātou te pukai matakirikiri o Tūrangitukua”

*Ko Pihanga te maunga  
Ko Tongariro te awa  
Ko Tūrangitukua te hapū  
Ko Tūrangitukua te tangata*

**Ngāti Tūrangitukua Charitable Trust Register of Beneficiaries**

**Application Form**

Before completing this application please read carefully the

**“Notes to the Application”**

on the back page.

On completion please return the forms to:

**The Ngāti Tūrangitukua Whakapapa Committee**

1. Email [whakapapa@turangitukua.co.nz](mailto:whakapapa@turangitukua.co.nz)
2. Drop off in Secure Box entrance of Tari,  
Tūrangitukua House, 130 Atirau Road, Turangi
3. Post: PO Box 43, Town Centre, Turangi 3353

**Office Use Only**

**Date Received:**        /        /

**Date Verified:**        /        /

**Date Entered:**        /        /

**Number:**

**PLEASE COMPLETE ALL FIELDS**

|   |                      |   |
|---|----------------------|---|
| <b>First Names:</b>   | <b>Surname:</b>      | <b>Gender: (tick box)</b>                 |
|   |                      | Male <input type="checkbox"/>             |
|   | <b>Maiden Name:</b>  | Female <input type="checkbox"/>           |
| <b>Address: (Please include Postal Code)</b>                  |                      |   |
|   |                      |   |
| <b>Your date of birth:</b>                                    | <b>Telephone #:</b>  | <b>Email:</b>                             |
|   | <b>Mobile #:</b>     |   |
| <b>Occupation (where applicable):</b>                         |                      |   |
|   |                      |   |
| <b>Names of children under 18 years</b>                       | <b>Date of birth</b> | <b>Male or Female</b>                     |
| 1.  |                      |   |
| 2.  |                      |   |
| 3.  |                      |   |
| 4.  |                      |   |
| 5.  |                      |   |
| 6.  |                      |   |
| 7.  |                      |   |
| 8.  |                      |   |
| <b>Names of applicant's siblings (brothers &amp; sisters)</b> | <b>Date of birth</b> | <b>Address if known (Help us connect)</b> |
| 1.  |                      |   |
| 2.  |                      |   |
| 3.  |                      |   |
| 4.  |                      |   |
| 5.  |                      |   |
| 6.  |                      |   |
| 7.  |                      |   |
| 8.  |                      |   |

\*18plus must register themselves

Please complete **ONLY** your **Tūrangitukua 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 Tūrangitukua?

Please show your Tūrangitukua descent. You ONLY need to provide ONE Line of descent to the names shown below. Where known indicate if male or female. Print clearly.

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TŪRANGITUKUA = TE REWHANGAOTERANGI

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Hingaia

|

Te Mahaoterangi

|

Te Rangitautahanga

|

Hinerangi

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(Name of applicant/Mokopuna)

## Notes to the Application

### Ngāti Tūrangitukua Whakapapa Committee

Comprises of members who have been endorsed by the Ngāti Tūrangitukua Māori Committee (NTMC) -hapū to be the Kaitiaki of the whakapapa database. Only members endorsed by hapū will have access. Only the verified names and contacts are forwarded to The Ngāti Tūrangitukua Charitable Trust.

### Entitlement to Register

Only those persons who can whakapapa directly by bloodline to the Hapū of Ngāti Tūrangitukua 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 Ngāti Tūrangitukua 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.

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*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 Ngāti Tūrangitukua Charitable Trust and/or its successors.*

Applicant's signature: \_\_\_\_\_ Date:    /    /

The Ngāti Tūrangitukua Charitable Trust reserves the right to not accept any application due to insufficient or incorrect information.

The onus for inclusion on the Ngāti Tūrangitukua Charitable Trust Beneficiary Register is on the applicant only, not the Ngāti Tūrangitukua Charitable Trust.

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### **Office Use Only:                      Endorsement by Ngāti Tūrangitukua Charitable Trust**

As authorised by the Ngāti Tūrangitukua Hapū and the Ngāti Tūrangitukua Charitable Trust, I confirm the above named applicant is a beneficiary of the Hapū and thereby endorse their inclusion on the Ngāti Tūrangitukua Charitable Trust Beneficiary Register.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date:    /    /

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date:    /    /

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date:    /    /