

# Voting Registration Form

Te Ākitai Waiohū  
PO Box 59 185  
Mangere Bridge  
AUCKLAND 2151

Registration Number

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## Why Register?

Te Ākitai Waiohū seeks to enter into negotiations with the Crown for comprehensive and final settlement of all remaining historical claims of Te Ākitai Waiohū. In order to achieve this, whānau will need to make a number of important decisions throughout the whole process.

These include:

- Agree on an initial Agreement in Principle
  - Agree on a Deed of Settlement
  - Agree on a Post Settlement Governance Entity
  - Agree on any other key decisions of significance
- By registering you will be able to:
- Participate in decision-making
  - Be notified of important issues and progress

For more information go to

[www.teakitai.com](http://www.teakitai.com)

## Who Can Register?

To be eligible to vote you must be:

- A direct descendant of Kiwi Tamaki
- Aged 18 years or over

Kaumātua and Kuia will validate your registration

If you do not have anyone to verify your whakapapa please contact the following people who can assist you:

### Brownie Rauwhero

☎ 027 521 8777

✉ [tawia@teakitai.com](mailto:tawia@teakitai.com)

### David Wilson

☎ 027 522 0563

✉ [tawia@teakitai.com](mailto:tawia@teakitai.com)

## Section A: Personal Details

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(Mr,Mrs,Miss, Ms)

(First Name)

(Last Name)

(Postal Address)

(Phone Number)

(Mobile Number)

(Email Address)

## PRIVACY

The information supplied is confidential within the terms of the Privacy Act 1993, and for the lawful use by Te Ākitai Waiohū, for the purpose of the Treaty Settlement process. A person may only access their own personal information.

## Section B : Declaration

I hereby declare that:

1. All information contained in this registration form and whakapapa is true and correct.
2. I understand that the information I provide will be held by Te Ākitai Waiohū to process this registration.
3. Te Ākitai Waiohū may use this information to contact me in relation to elections and other matters of interest to me.
4. I have the right to access and correct information held by Te Ākitai Waiohū that is about me.
5. I authorise Te Ākitai Waiohū to collect information about me that may be relevant to the processing of this application, inclusive of information noted on this whakapapa.
6. The date of my birth is     /     / 19

Signature \_\_\_\_\_

Date     /     / 20

**This application will not be accepted unless fully completed**

## OFFICE USE ONLY

### Check List

- Entered all information
- Proof of birth
- Whakapapa verified
- Signed and dated

### Action

Date received  
Date validated  
Date entered  
Applicant notified

### Date

### By (Initial)

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## Section C : Whakapapa

<input type="checkbox"/>	Descendant	Verified by		
		Signature	Date	/ / 20

Father

Mother

Grandparents

Great Grandparents

Great-Great Grandparents

Great-Great-Great Grandparents

