

MAKAURAU MARAE MAORI TRUST

Application Form

Statement of Entitlement

If you believe you are entitled to apply to be listed in the Makaurau Marae Maori Trust Beneficiary Register then we encourage you to apply on this form.

*Whakapapa entitlement will be verified by
the Membership Committee*

Once you have completed this form, please return to:

Tavake Afeaki

Barrister

Afeaki Chambers

PO Box 13-397

Onehunga

Auckland 1643

FOR OFFICE USE ONLY

Received on:	_____	Initials _____
Validated on:	_____	Initials _____
Entered on:	_____	Initials _____
Filed on:	_____	Initials _____
ID No:	_____	Initials _____

Members of Makaurau Marae Maori Trust

Definition

Member of Makaurau Marae Maori Trust means those persons who whakapapa to one of the following tupuna whether it be by birth, legal adoption or whangai:

Tupuna

(Please put a tick next to the name of your Tupuna)

Kumete Tukapea	Te Kiriwera Heemi
Tukapea Tukapea	Rangiaahu
Ngahuia Tukapea	Pinikera Heemi
Tohukore	Te Owai Heemi
Te Paea	Ngaparaki Heemi
	Hemoauta Heemi
Te Ruaiti	
Ngahuia Mohi	Eruera Marepa
	Mata Marepa
Herekotukutuku	Harihari Totaea
Te Kirihorea	Tangiaro Totaea
	Matehaere Totorewa
Tonga Kokiri Kahui	Hairini Totaea
Wi Putini Kahui	
Te Rangitawaea Kahui	Kapereti Hohepa
Taruke Kahui	Hemanawa Toone
Hurihia Rawiri	Te Huia Toone
Nuku Kahui	Te Aumihi Toone
	Tangitemapu Toone
Te Huia Rapata	Te Arawaru Toone
Hera Rapata	Tinihuia Toone
Kapene Matenga	

Please complete the Whakapapa details on the next page.

Any information received will be held by the Makaurau Marae Maori Trust or their respective successors. You have certain rights under the Privacy Act 1993 to see and correct personal information which the Makaurau Marae Maori Trust or their respective successors holds about you. I acknowledge the above and consent to the disclosure of my personal information to the Makaurau Marae Maori Trust or their respective successors and including for whakapapa verification purposes.

I declare that the information I have given is true and correct AND I confirm that I have read the Privacy Act 1993 statement above and give my consent to it applying to me.

Signed: _____ Date: _____

Whakapapa

Please Complete only the relevant sections below

