HOKOTEHI ()

APPLICATION TO BECOME A REGISTERED MEMBER OF HOKOTEHI MORIORI TRUST

Please print clearly

(Mr, Mrs, Miss, N	/ls, Dr)			
	(First Names)	(Surname)	(Birth Name)	
of				
	(Postal Address)			
Contact Details: Home phone		Work Ph		
Cell phone				
Email				

I wish to apply to become a registered member of Hokotehi Moriori Trust

I do solemnly and sincerely declare that:

- 1. My line of descent is through bloodline not adoption or whangai.
- 2. I am a blood descendant of the following Moriori Karāpuna (ancestor) _____
- 5. I have submitted the names and birth dates of all my children on the following page;
- 6. I have submitted evidence of my Hokopapa (genealogy) as far as I am able to, and understand that this is required by the Hokopapa Unit for the process of validating my application for registration;
- 7. I consent to this information being held on the Moriori database and used only for Hokotehi Moriori Trust business;
- 8. I acknowledge that this application is for the purposes of registration as a registered member of the Trust, and that, if I do not wish to be a registered member after my hokopapa has been verified, I shall notify Hokotehi Moriori Trust accordingly;

Tick the box if you agree that, if you are successfully registered, other Hokotehi Moriori Trust Members are permitted to view your name and the region in which you live. (Tick) \Box

Please sign this form and forward to:

P.O. Box 188, Chatham Islands 8942.

Hokotehi Moriori Trust,

Or by email to <a>office@kopinga.co.nz

Please note that an original signed form must be lodged with the office in addition to sending scanned and email forms. If you have any concerns about your application please contact the office.

PRIVACY ACT 1993

Signature:

Hokotehi will in accordance with the provisions of the Privacy Act 1993 make available to you, on request, the personal information it holds about you and will make any appropriate corrections to that information to ensure that the information held is accurate.

Date:

APPLICANT'S CHILDREN

Please print clearly: Applicant's name: _____

Please list below the full names of your children along with their dates of birth:

Child's full name	Date of Birth

Continue on additional sheet if necessary

HOKOPAPA

Enter your full name and the full names of both of your parents. It is necessary to trace your Moriori bloodline of decent back to the Karāpuna (ancestor) named in the application. Where possible, include dates of birth/death beside the names and **indicate which parent is Moriori**.

er's Name:	Mother's Maiden Name:		
er's date of birth:			
er's date of death:			
Father's Line	Mother's Line		
'our paternal grandfather	Your maternal grandfather		
/our paternal grandmother	/our maternal grandmother		
Your paterna G grandfather	Your maternal G grandfather		
Your paternal G grandmother	Your maternal G grandmother		
Your paternal g g grandfather	/our maternal G g grandfather		
(our paternal G g grandmother	Your maternal G g grandmother		
Your paternal G x 3 grandfather	Your maternal G x 3 grandfather		
Your paternal G x 3 grandmother	Your maternal G x 3 grandmother		
/our paternal g x 4 grandfather	/our maternal G x 4 grandfather		
(our paternal G x 4 grandmother	our maternal G x 4 grandmother		

Use additional paper if needed