



PORT NICHOLSON BLOCK
SETTLEMENT TRUST

REGISTRATION FORM

You are eligible to participate in the Port Nicholson Block Settlement Trust if you meet the following criteria:

Statement of Entitlement

If you believe you are entitled to have an interest by whakapapa in the Port Nicholson Block Settlement Trust then we encourage you to register on the application form. The Port Nicholson Block Settlement Trust includes any person who can whakapapa by direct line of descent to:

- (1) The original beneficiaries of the 27 September 1839 Port Nicholson Block Purchase Deed; or
- (2) The persons listed in the Schedule to the Declaration of the Native Land Court in Wellington dated 11 April 1888; or
- (3) Other persons who whakapapa to Taranaki Whanui not named in (1) or (2) above but who lived within the Port Nicholson Block, Wellington District as at 6 February 1840.
- (4) Adopted persons, and their descendants (blood or whangai) where the adoptive parent(s) can whakapapa to a blood descendant of any of the original beneficiaries set out in (1) to (3) above.

Whakapapa entitlement will be verified by a Validation Committee

Once you have completed this form, please return it to:

FREEPOST 166974
Port Nicholson Block Settlement Trust
P O Box 12164
WELLINGTON 6144
(no stamp required)

For any other enquiries our contact details are:

FREEPHONE: 0800 767 8642

Fax: 04 4723874

Email: reception@portnicholson.org.nz

YOU CAN ALSO COMPLETE THIS FORM ONLINE IF YOU PREFER, VISIT WWW.PNBST.MAORI.NZ

YOU SHOULD COMPLETE AS MUCH OF THIS FORM AS YOU CAN
If you don't provide enough information your application may be delayed or declined
All information remains CONFIDENTIAL (see Privacy provisions set out on page 3)

Family Name _____

Have you had another family name?

If so, let us know what it was: _____

First or Given Names _____

Address: _____

Mailing Address, if different from above _____

Telephone: Home _____ **Mobile** _____

Email address: _____

Sex Male Female

Date of Birth Day Month Year

Your tribal affiliations (tick those that apply)

Te Atiawa Taranaki Ngati Ruanui

Ngati Mutunga Ngati Tama

YOU SHOULD COMPLETE AS MUCH OF THIS FORM AS YOU CAN
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Do you know your tupuna who lived in Wellington in 1840? If so, please list him/her/them.

Dependent Children – under 18 years of age (if not enough room below, please feel free to include a separate sheet) - we require all columns to be completed

Name	Date of Birth	Sex	
_____	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
_____	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
_____	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
_____	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
_____	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
_____	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
_____	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
_____	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>

***** PLEASE COMPLETE THE WHAKAPAPA DETAILS OVER *****
The whakapapa section MUST be completed

Any information received will be held by or for the Port Nicholson Block Settlement Trust ("the Trust"), certain bodies related to the Trust or their respective successors. You have certain rights under the Privacy Act 1993 to see and correct personal information which the Trust or its successors holds about you. The information will be used to enable the Trust or its successor to identify as many entitled individuals as possible, so that they are informed of Trust matters. The information will also be used to identify those who may take part in any electoral process relating to the Trust and/or derive any entitlement as members in the future. I acknowledge the above and consent to the disclosure of my personal information to anybody related to the Trust or its successor 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

To assist our office to record your whakapapa to the Port Nicholson Block, please complete only the relevant sections below (include, where known, tribal affiliations of your tupuna):

		<hr/>	Your great great grandfather
		Your great grandfather	<hr/>
			Your great great grandmother
	<hr/>	Your grandfather	<hr/>
			Your great great grandfather
		Your great grandmother	<hr/>
			Your great great grandmother
<hr/>	Your Father	<hr/>	<hr/>
		Your great grandfather	Your great great grandfather
			<hr/>
		Your great grandmother	Your great great grandmother
	<hr/>	Your grandmother	<hr/>
			Your great great grandfather
		Your great grandmother	<hr/>
			Your great great grandmother
<hr/>	Yourself	<hr/>	<hr/>
		Your great grandfather	Your great great grandfather
			<hr/>
		Your great grandmother	Your great great grandmother
	<hr/>	Your grandfather	<hr/>
			Your great great grandfather
		Your great grandmother	<hr/>
			Your great great grandmother
<hr/>	Your Mother	<hr/>	<hr/>
		Your great grandfather	Your great great grandfather
			<hr/>
		Your great grandmother	Your great great grandmother
	<hr/>	Your grandmother	<hr/>
			Your great great grandfather
		Your great grandmother	<hr/>
			Your great great grandmother