

**Tanenuiarangi Manawatu
Incorporated
BENEFICIARY ROLL APPLICATION**



Tanenuiarangi Manawatu Incorporated

**Benrol Unit
P.O. Box 1341
Palmerston North**

**Phone: (06) 353-1881
Fax: (06) 353-1880
E-Mail: tina@rangitaane.iwi.nz**

FULL NAME OF APPLICANT

(Full name of both parents should be given, but thereafter it is only necessary to trace the line of descent to the hapu as stated in Section 1)

FATHER'S FULL NAME

IWI AFFILIATION/S

HAPU

MARAE

MOTHER'S FULL NAME

IWI AFFILIATION/S

HAPU

MARAE

PATERNAL GRANDFATHER

IWI AFFILIATION/S

HAPU

MARAE

MATERNAL GRANDFATHER

IWI AFFILIATION/S

HAPU

MARAE

PATERNAL GRANDMOTHER

IWI AFFILIATION/S

HAPU

MARAE

MATERNAL GRANDMOTHER

IWI AFFILIATION/S

HAPU

MARAE

PATERNAL GREAT-GRANDFATHER

IWI AFFILIATION/S

HAPU

MARAE

MATERNAL GREAT-GRANDFATHER

IWI AFFILIATION/S

HAPU

MARAE

PATERNAL GREAT-GRANDMOTHER

IWI AFFILIATION/S

HAPU

MARAE

MATERNAL GREAT-GRANDMOTHER

IWI AFFILIATION/S

HAPU

MARAE

Section (1):

Iwi: RANGITAANE	Waka: KURAHAUPO/AOTEA
Hapu:	Hapu:
Hapu:	Hapu:
Marae:	

(List of Marae for respective Hapu on end page)

Section (2):

Surname:	Maiden Name:	
First Name/s:		
Date of Birth:/...../.....	Male / Female <i>(Please circle)</i>	Married / Single / Other
Spouse/Partner's Name:		
Iwi Affiliation/s:		

Section (3):

Residential Address:	
.....	
Postal Address:	
.....	
Occupation:	Phone:
	Fax:
	E-Mail:.....

Section (4):

Tamariki/Dependants

Full Name	Address	M/F	D.O.B.
1./.../....
2./.../....
3./.../....
4./.../....
5./.../....
6./.../....
7./.../....
8./.../....
9./.../....
10./.../....

Section (5):

Mokopuna

Full Name	Address	M/F	D.O.B.
1./.../....
2./.../....
3./.../....
4./.../....
5./.../....
6./.../....
7./.../....
8./.../....
9./.../....
10./.../....

(Please continue on a separate page if necessary)

Section (6):

I do hereby assign my agreement of mandate to be vested in Tanenuiarangi Manawatu Incorporated -1989 Iwi Authority - to manage, negotiate, consult and receive assets for distribution to beneficiaries of Rangitaane descent on my behalf in all matters pertaining to:

Counselling	Social Services	Intellectual Property
Health	Education	Employment
Communications	Fishing	Justice
Environmental Issues	Research	Cultural
Economic Development	Any other matter which may affect/benefit my whanau and hapu	

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 Tanenuiarangi Manawatu Incorporated.

Signature: Date:

Tanenuiarangi Manawatu Incorporated reserves the right to disallow any application because Of sufficient or incorrect information> The onus for inclusion on the Beneficiary Roll is on The applicant and not Tanenuiarangi Manawatu Incorporated.

Section (7): OFFICE USE ONLY!

ENDORSEMENT BY TANENUIARANGI MANAWATU INCORPORATED MEMBER REPRESENTING HAPU OF THIS APPLICANT.

I confirm that the above named is a member of the hapu and endorse inclusion on the Tanenuiarangi Manawatu Incorporated Roll of Beneficiaries.

Signature: Date:

Nga Hapu O Rangitaane

RANGITAANE O MANAWATU

Ngati Rangitepaia **Te Hotu Manawa O Rangitaane Marae**
Ngati Hineaute
Ngati Mairehau **Motuiti Marae**
Ngati Rangiaranaki
Ngati Tauira

RANGITAANE O WAIRARAPA

Ngati Hamua **Te Ore Ore Marae**
Ngati Moeroa
Ngai Tamahau
Ngati Whatiu
Hineteororangi
Te Hika O Papauma
Ngai Tumapuhia-a-rangi
Ngati Tohinga
Ngai Te Noti

RANGITAANE O WAIRAU

Ngati Huataki **Omaka Marae**
Ngati Tukauae
Ngati Whakamana

RANGITAANE O TAMAKI-NUI-A-RUA

Ngati Rangihakaewa **Aotea / Makirikiri Marae**
Ngati Ruatotara
Ngati Ngaweki
Ngati Mutuahi
Parakiore
Ngati Pakapaka
Ngai Tahumatua
Te Kapuarangi
Te Hika O Papauma

RANGITAANE O WHANGANUI A TARA

Ngati Hamua **Te Herenga Waka Marae**