



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](mailto:reception@portnicholson.org.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 Tama  Ngati Tama

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**Do you know your tupuna who lived in Wellington in 1840?** If so, please list him/her/them.

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**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

| <b>Name</b> | <b>Date of Birth</b> | <b>Sex</b>                    |                                 |
|-------------|----------------------|-------------------------------|---------------------------------|
| _____       | _____                | 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 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 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 great grandfather |
|       |             | Your great grandfather | <hr/>                        |
|       |             |                        | Your great great grandmother |
|       | <hr/>       | Your grandmother       | <hr/>                        |
|       |             |                        | Your great great grandfather |
|       |             | Your great grandmother | <hr/>                        |
|       |             |                        | Your great great grandmother |