

## 2020 Election of Trustees NOMINATION FORM

### SECTION A - Candidate to fill out

Candidate's full legal name:		
Also known as:		
Maiden name:		
Address:		
Home phone:	Mobile phone:	
Email:		

Select <b>ONE</b> hapū electorate you are standing for:		
<input type="radio"/> Kanihi Umutahi me ētahi hapū	<input type="radio"/> Ngāti Manuhiakai hapū	<input type="radio"/> Ngāti Haua hapū
<input type="radio"/> Ōkahu-Inuawai (me ētehi atu) hapū	<input type="radio"/> Ngāti Tu hapū	<input type="radio"/> Ngati Tamaahuroa-Titahi hapū

I wish my name to be shown on election documents as:

<b>Declaration</b> <i>(please tick)</i> :
<input type="radio"/> I agree to abide by the Te Korowai Trust Deed and Board Charter while as a candidate and as a Trustee if successfully elected.
<input type="radio"/> I confirm that I am not disqualified from standing as a candidate by any of the criteria listed in paragraph 1.1, Schedule 2 of the Trust Deed.
<input type="radio"/> I confirm that I am registered on the Ngāruahine Iwi register as an Adult Registered Member, and I am registered with the hapū electorate I am standing for.
<input type="radio"/> I confirm that my candidate profile includes a <b>statement of my relevant skills and experience</b> , and failure to provide this statement will deem my nomination as invalid.
<input type="radio"/> I confirm that the five Adult Registered Members nominating my candidacy are also registered with the hapū electorate I am standing for.

Signature of Candidate:		Date:	
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<b>Nominators supporting the candidate</b>	
Please provide the full names of the five nominators supporting the candidate:	
First Nominator:	
Second Nominator:	
Third Nominator:	
Fourth Nominator:	
Fifth Nominator:	

#### IMPORTANT COVID-19 LOCKDOWN NOTICE

Due to the Covid-19 lockdown, candidates may experience difficulties organising all five nominators to complete Section B of this nomination form together. Therefore, each nominator can complete Section B on a separate copy of the nomination form **provided** the nominator lists the candidate's name and hapū electorate in the panels at the top of that section.

The candidate is responsible for collating and submitting all the properly completed copies of the nomination form before the closing date. Please do not send incomplete or partially completed nomination forms and expect the returning officer to organise these for you. If you have any questions about the nomination form, please contact the returning officer directly.

## SECTION B - Nominators to fill out

Each nominator must be an Adult Registered Member on the Ngāruahine register and registered in the same hapū electorate the candidate is standing for. The candidate's name and the hapū electorate they are standing for **must** be listed in the panels below.

**Candidate's full name:**

**Candidate's hapū electorate:**

**Full name of First Nominator:**

Address:

Home phone:

Mobile phone:

**Declaration:**



I confirm that I am a Registered Adult Member of Ngāruahine, and I am registered in the same hapū electorate as the candidate has selected in Section A *(and as shown in the panel at the top of Section B)*.

**Signature of First Nominator:**

Date:

**Full name of Second Nominator:**

Address:

Home phone:

Mobile phone:

**Declaration:**



I confirm that I am a Registered Adult Member of Ngāruahine, and I am registered in the same hapū electorate as the candidate has selected in Section A *(and as shown in the panel at the top of Section B)*.

**Signature of Second Nominator:**

Date:

**Full name of Third Nominator:**

Address:

Home phone:

Mobile phone:

**Declaration:**



I confirm that I am a Registered Adult Member of Ngāruahine, and I am registered in the same hapū electorate as the candidate has selected in Section A *(and as shown in the panel at the top of Section B)*.

**Signature of Third Nominator:**

Date:

**Full name of Fourth Nominator:**

Address:

Home phone:

Mobile phone:

**Declaration:**



I confirm that I am a Registered Adult Member of Ngāruahine, and I am registered in the same hapū electorate as the candidate has selected in Section A *(and as shown in the panel at the top of Section B)*.

**Signature of Fourth Nominator:**

Date:

**Full name of Fifth Nominator:**

Address:

Home phone:

Mobile phone:

**Declaration:**



I confirm that I am a Registered Adult Member of Ngāruahine, and I am registered in the same hapū electorate as the candidate has selected in Section A *(and as shown in the panel at the top of Section B)*.

**Signature of Fifth Nominator:**

Date:

**Each nomination form must be in the hands of the Returning Officer by: 12 noon Tuesday 2 June 2020**

**Return by email to: [nominations@electionz.com](mailto:nominations@electionz.com)**

*Note: The Returning Officer does not recommend posting nomination forms.*

*Please contact the Election Helpline on **0800 666 038** if emailing the completed nomination forms does not suit.*



# Request for a criminal conviction history by a third party

You are asking for another person's criminal conviction history. The person (applicant) must fill in pages 2-3 of this form themselves and sign and date the declaration statement. This tells us we can give their criminal conviction history to you. You, as the third party, are responsible for ensuring the information provided on this form is complete and readable, and the identification has been verified.

TIMG New Zealand Ltd (33 Botha Rd, Penrose) will collect this request information on behalf of the Ministry of Justice and provide it to us for the purpose of this request.



This form may be filled in by typing the information in the fields of the PDF or by printing the form and handwriting the information.

## Step 1 Third party to complete this section

### Third party details

Customer ID:

Third party name:

Your reference

### Report details

If you are handwriting this form please mark the selection boxes like this

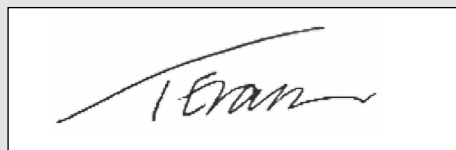
Type of report: (please choose one)  All convictions  Traffic convictions only

Service required: (please choose one)  Gold - 3 working days  
 Silver - 10 working days  
 Bronze - 15 working days

### Evidence of Identity

(please mark to confirm) I confirm I have seen the individual's identification document as listed in Step 3 and I am satisfied with the correctness of the individual's identity.

Third party signature



Date signed



**OFFICE USE ONLY**  
MOJ REQUEST NUMBER

## Step 2 **Your details** (please print)



**Important: make sure the name and date of birth you write in here matches your identification in Step 3**

### Your Personal Details

Surname:  First name:

Middle names (separated by commas):

Date of birth:         Male  Female

Place of birth:

NZ Driver Licence number:  Contact number:

Email:

### Previous names – Maiden names, other names you are known as, or have used

Surname	First name	Middle names (separated by commas)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Your Postal Address

PO Box or Street address:

Suburb:

Town/City:

State/Province:

Post Code:  Country:

### Current residential address if different to postal address

Street address:

Suburb:

Town/City:

State/Province:

Post Code:  Country:

**Please list any other New Zealand addresses you have lived at in the last 10 years**

Street address:

Suburb:

Town/City:  Post Code:

Street address:

Suburb:

Town/City:  Post Code:

Street address:

Suburb:

Town/City:  Post Code:

### Step 3 Your identification



**Please attach a legible photocopy of your identification which must contain your signature. This can be any one of the following:**

**New Zealand Driver Licence** – can be current or expired within the last 2 years, but cannot be cancelled, defaced or a temporary licence.

**New Zealand Passport** – can be current or expired within the last 2 years, but cannot be cancelled or defaced. Must show your signature.

**Overseas Passports** – must be current and cannot be expired, cancelled or defaced. Must show your signature.

**New Zealand Firearms Licence** – must be current and cannot be expired or defaced.

**Your RealMe verified identity**

**If you do not have any of these forms of identification, you will need to complete Step 5.**

### Step 4 Your authority to release information to a third party

I authorise the Criminal Records Unit, Ministry of Justice, to release a copy of my criminal convictions, subject to section 7 of the Criminal Records (Clean Slate) Act 2004, to the third party.

I want a copy of the information provided to the third party. Please send via  Email  Post

I do NOT require a copy of the report

**Your signature:**

Date:

## Step 5 Proof of identity

### Only complete if you do not have a driver licence, passport or firearms licence

You will need to ask someone who can confirm your identity to fill in this section. If you are unable to get someone to complete Step 5, then you must complete a statutory declaration. The relevant form can be obtained from your local District Court or go to [www.justice.govt.nz/services/criminal-records](http://www.justice.govt.nz/services/criminal-records)

#### The person who identifies you must:

- ✓ Have known you for more than 12 months
- ✓ Be aged 18 years or over
- ✓ Have a day time phone number and be contactable during normal business hours
- ✗ Not be a relative (a relative is a person connected by blood or marriage), and
- ✗ Not live at the same address.

#### Identifier to complete

Identifier's surname:	<input type="text"/>		
Identifier's first name:	<input type="text"/>		
Identifier's middle names ( <i>separated by commas</i> ):	<input type="text"/>		
PO Box or Street address:	<input type="text"/>		
Suburb:	<input type="text"/>		
Town/City:	<input type="text"/>		
State/Province:	<input type="text"/>		
Post Code:	<input type="text"/>	Country:	<input type="text"/>
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		

#### I declare that I have personally known

Surname:	<input type="text"/>		
First name:	<input type="text"/>		
Middle names ( <i>separated by commas</i> ):	<input type="text"/>		
For	<input type="text"/>	years and vouch for their identity.	

Signature of the identifier:

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