



Te Tōtarahoe o Paerangi Trust 2020 Election of Trustees
NOMINATION FORM

SECTION A - Candidate to fill out

Candidate's full name:

Address:

Home phone:

Mobile phone:

Email:

Iwi registration number:

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

Declaration (please tick):

- I confirm that I am an adult (*aged eighteen years of age*) Registered Member of Ngāti Rangi and a New Zealand resident.
- I confirm that I am not precluded from standing as a candidate by any of the criteria listed in Section 2, Second Schedule of the Te Tōtarahoe o Paerangi Deed of Trust (*see reverse*).
- I confirm that if elected I agree to be bound by the Te Tōtarahoe o Paerangi Deed of Trust and any other relevant Trustee obligations.
- I authorise the secretary of the Trust to make any enquiries necessary to confirm any aspect of this declaration.

Criminal Conviction Declaration (please tick one option only):

- I have **NOT** been convicted of any offence under the Crimes Act 1961.
- I have **been convicted** of an offence or offences under the Crimes Act 1961 (excluding any offence which is eligible for the Criminal Records (Clean Slate) Act 2004). Please provide information to the nature of such offence or offences and any sentence received:

I submit with this nomination (please tick):

- | | | |
|---|--|--|
| <input type="radio"/> A candidate profile statement (<i>max 250 words</i>). | <input type="radio"/> A recent photo of the candidate only. | <input type="radio"/> A completed MoJ check form (<i>included with this document</i>). |
| <input type="radio"/> A curriculum vitae (<i>CV</i>) of the candidate (<i>max 400 words</i>). | <input type="radio"/> Completed details for three Adult Registered Members of Ngāti Rangi supporting the candidate (<i>Section B</i>). | |

Signature of Candidate:

Date:

IMPORTANT COVID-19 LOCKDOWN NOTICE

Due to the Covid-19 lockdown, candidates may experience difficulties organising all three 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 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.

Each nomination form must be in the hands of the Returning Officer by: 5pm, Thursday 16 July 2020

Return by email to: nominations@electionz.com

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

Please contact the Election Helpline on **0800 666 035** if emailing the completed nomination forms does not suit.

SECTION B - Nominators to fill out

Each nominator must be an adult registered member listed on the Ngāti Rangī iwi register. The candidate's name **must** be listed in the panel below.

Candidate's full name:

Full name of First Nominator:

Iwi registration number:

Address:

Home phone: Mobile phone:

Declaration:

I confirm that I am an adult registered member of Ngāti Rangī iwi.

Signature of First Nominator: **Date:**

Full name of Second Nominator:

Iwi registration number:

Address:

Home phone: Mobile phone:

Declaration:

I confirm that I am an adult registered member of Ngāti Rangī iwi.

Signature of Second Nominator: **Date:**

Full name of Third Nominator:

Iwi registration number:

Address:

Home phone: Mobile phone:

Declaration:

I confirm that I am an adult registered member of Ngāti Rangī iwi.

Signature of Third Nominator: **Date:**

NOTES

Te Tōtarahoe o Paerangi Deed of Trust

SECOND SCHEDULE

2. ELIGIBILITY FOR APPOINTMENT

2.1 Subject to rule 2.2 of this Schedule, a person is eligible to be a Trustee if he or she is:

- (a) aged eighteen years of age, an Adult Registered Member; and
- (b) resident in New Zealand.

2.2 A person is not eligible to be a Trustee if he or she:

- (a) does not meet the requirements of rule 2.1 of this Schedule;
- (b) is bankrupt or has within the last (5) years been adjudged bankrupt;
- (c) is or has ever been convicted of:
 - (i) an offence involving dishonesty as defined in section 2(1) of the Crimes Act 1961; or
 - (ii) an offence under section 373(4) of the Companies Act 1993; or
 - (iii) an offence punishable by two (2) or more years imprisonment, unless that person is an eligible individual for the purposes of the Criminal Records (Clean Slate) Act 2004;
- (d) is or has ever been disqualified from being a director of a company registered under the Companies Act 1955 or the Companies Act 1993;
- (e) is or has ever been removed as a trustee of a trust by order of a Court on the grounds on breach of trust, lack of competence or failure to carry out the duties of a trustee satisfactorily;
- (f) becomes subject to a compulsory treatment order under the Mental Health (Compulsory Assessment and Treatment) Act 1992; or
- (g) becomes subject to a property order made under section 30 or section 31 of the Protection of Personal and Property Rights Act 1988; or
- (h) has within the last four (4) years been removed from the office of Trustee in accordance with clause 23 of this Deed or rule 13 of this Schedule.

Additional Documents to be Submitted with the Nomination Form

Candidates are required to submit with their nomination, candidate profile document of up to 250 words, a curriculum vitae of up to 400 words, a candidate photo and a completed criminal conviction check application form. Requirements for these documents are listed in the Candidate Guide.

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

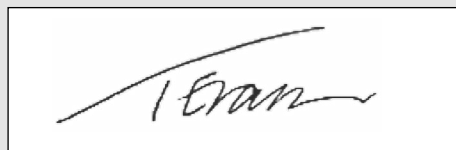
Type of report: (please choose one) All convictions Traffic convictions only

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

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:

X