



MANA AHURIRI TRUST

NOMINATION FORM

2023 Election of Trustees

SECTION A - CANDIDATE to fill out - after reading important information below

I (full name of candidate):

consent to my nomination as a candidate for the position of Trustee for the Mana Ahuriri Trust.

Address:

Phone:

Mobile:

Email:

If a voting process is required I wish my name to be shown on the voting document as (Surname first, ie BLOGGS Joe - commonly known name or abbreviated name):

I confirm that:

- ☐ I am an Adult Member, recorded in the Mana Ahuriri Trust Register and consent to the nomination.
- ☐ I have included a summary of not more than 200 words of my skills and attributes which may be sent to voters.
- ☐ I am not precluded from taking office as a trustee by Rule 2.2 of the Second Schedule to the Trust Deed; namely I:
- i) Am not nor have I ever been convicted of an offence involving dishonesty as defined in section 2(1) of the Crimes Act 1961, or an offence under section 373(4) of the Companies Act 1993 (unless I am an eligible individual for the purposes of the Criminal Records (Clean Slate) Act 2004);
 - ii) Am not bankrupt nor have I at the time of nomination made any composition or arrangement with my creditors;
 - iii) Have not been convicted of an indictable offence (unless I am an eligible individual for the purposes of the Criminal Records (Clean Slate) Act 2004);
 - iv) Am not subject to a compulsory treatment order under the Mental Health (Compulsory Treatment and Assessment) Act 1992 nor subject to a property order, personal order or welfare guardian order under the Protection of Personal and Property Rights Act 1988;
 - v) Have not within the last three (3) years been removed from the office of Trustee in accordance with clause 23.5 of the Trust Deed;
 - vi) Am not prohibited from being an officer of any incorporated society under any statute; or
 - (vii) Am not prohibited from being a director or taking part in the management of any incorporated or unincorporated body under the Companies Act 1993, the Securities Act 1978, the Securities Market Act 1988, or the Takeovers Act 1993 (or their successors).

Signature of
Candidate:

Date:

Important information for the candidate

Each nominee may provide with the completed nomination form a 200 word (word counts will be strictly adhered to) summary of skills and attributes.

The summary should be provided electronically in Microsoft Word or editable PDF format (i.e. not scanned hand writing or a scanned print out).

Each Nomination Form must be in the hands of the Returning Officer by:

12 noon Friday, 29 September 2023

Return by EMAIL TO: nominations@electionz.com

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

Please contact the Election Helpline on **0800 666 034** if emailing the completed nomination papers does not suit.

SECTION B - NOMINATORS to fill out (*three Adult Members*)

We the undersigned Adult Members of the **Mana Ahuriri Trust** hereby nominate (*full name of candidate*):

Name of first nominator:			
Address:			
Phone:		Mobile:	
Signature:			Date:

Name of second nominator:			
Address:			
Phone:		Mobile:	
Signature:			Date:

Name of third nominator:			
Address:			
Phone:		Mobile:	
Signature:			Date:

**Each Nomination Form must be in the hands of the Returning Officer by:
12 noon Friday, 29 September 2023**

Return by EMAIL TO: nominations@electionz.com

Note: The Returning Officer does not recommend posting nomination papers.
Please contact the Election Helpline on **0800 666 034** if emailing the completed nomination papers does not suit.

Request for Criminal Conviction History - Third Party

Confidential when completed

REQUEST BY THIRD PARTY UNDER THE PRIVACY ACT 1993 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE'S COMPUTER SYSTEMS.



How to fill out this form and the definitions used in this form

1. You will have been provided this form by a third party* to complete
2. Complete all the questions from Step 2 on - start with "Your details"
3. Please write as neatly as possible
4. Send back to the third party for them to check and send off.

*Third party is the person, potential employer or recruitment agency who has requested the criminal conviction check and will be sent the results. (The third party must complete the front page of this form).

Step 1 Third party to complete this section

Third party name details

Full name of third party:

ELECTIONZ.COM LIMITED

Full name of the person or organisation the third party is acting for (if applicable):

(i.e. the person or organisation who requested the third party to carry out a criminal conviction check)

Third party reference number (if applicable):

Third party return address details

Name of the person to return request information to: ELECTIONZ.COM LIMITED

PO Box or

Street Address

Suburb

Town/City

State/Province:

Post Code

Country:

Signature of third party:



electionz.com

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.	<input type="text"/>	First name.	<input type="text"/>
Middle names (separated by commas):	<input type="text"/>		
Date of birth:-	<input type="text"/> III <input type="text"/>	Male.	Female.
Place of birth:	<input type="text"/>		
Telephone.	<input type="text"/>	Mobile.	<input type="text"/>
Email:	<input type="text"/>		

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	<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"/>
Current residential address if different to postal address			
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"/>

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.



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

[Tick the report required](#)

Criminal and traffic convictions report ☐

Traffic convictions report ☐

I want a copy of the information provided to the third party Yes. No.

Your signature:

X

Date

圓量' — —

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

X Not be a relative (a relative is a person connected by blood or marriage), and

X Not live at the same address.

Identifier to complete

Identifier's surname:

Identifier's first name:

Identifier's middle names (separated by commas):

PO Box or Street address:

Suburb:

Town/City:

State/Province:

Post Code: Country:

Telephone: Mobile:

Email:

I declare that I have personally known

Surname:

First name:

Middle names (separated by commas):

For years and vouch for their identity.

Signature of the identifier:

