

A - CANDIDATE - To be completed by the person standing for election

Candidate's full legal name:	
Address:	
Home phone:	Mobile phone:
Email:	

If an election is required I wish my name to be shown on the voting paper as:

I submit with this nomination form (please tick appropriate circles):	<input type="radio"/> Recent photo (see candidate guide for requirements).	<input type="radio"/> Candidate profile (see candidate guide for requirements).
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Declaration: (Please tick each circle to confirm)

<input type="radio"/> I confirm that I accept this nomination.
<input type="radio"/> I confirm that I am a registered adult member of Ngāti Pāhauwera.
<input type="radio"/> I confirm that I am not bankrupt or insolvent.
<input type="radio"/> I confirm that I have not been convicted of an indictable criminal offence or that details of any convictions for indictable offences are outlined below.
<input type="radio"/> I agree to complete an Application for a Request for Criminal Conviction History as attached to this form.
<input type="radio"/> I confirm I have not been previously removed as a trustee under the provisions of section 10 of the first schedule of the trust deed.

Year and offence (List here the year and details of any existing criminal offences):

Signature of Candidate:		Date:	
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CANDIDATE QUALIFICATION REQUIREMENTS

10. TERMINATION OF OFFICE OF TRUSTEES

Notwithstanding the foregoing rules of this schedule, a Trustee shall cease to hold office if he or she:

- (a) retires from office by giving written notice to the Trustees;
- (b) completes his or her term of office and is not re-elected;
- (c) refuses to act;
- (d) Trustees to be censured or removed if they miss up to two (2) monthly meetings within the Trusts operating year.
- (e) Trustees to be censured or removed where they act in a manner that brings into disrepute the Trust by a resolution passed by a majority of not less than 75% of the other trustees.
- (f) becomes physically or mentally incapacitated to the extent that he or she is unable to perform the duties of a Trustee;
- (g) becomes bankrupt or makes any composition or arrangement with his or her creditors; or
- (h) is convicted of an indictable offence; or
- (i) dies.

IMPORTANT: The completed nomination form (and criminal conviction report application) must be received by the Returning Officer by: 12 noon Tuesday 19 July 2022

Return by email to: **nominations@electionz.com**

Note: The Returning Officer does not recommend returning completed nomination forms by post.

Please contact the Election Helpline on **0800 666 028** if emailing the completed nomination forms 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:

X

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: First name:

Middle names (separated by commas):

Date of birth: Male Female

Place of birth:

Telephone: Mobile :

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.

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:

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