

## A NOMINATION FORM A NGĀTI PĀHAUWERA DEVELOPMENT TRUST 2024 Election of Trustees (Amended Timeframe)

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 wis	h my name to be shown on the voting	paper as:		
I submit with this nomination form (please tick appropriate circles):	Recent photo (see candidate guide for requirements).			file (see candidate irements).
Declaration: (Please tick ea	ch circle to confirm)			
I confirm that I accept	this nomination.			
I confirm that I am a re	gistered adult member of Ngāti Pāhau	vera.		
I confirm that I am not	bankrupt or insolvent.			
I confirm that I have no indictable offences are	ot been convicted of an indictable crim outlined below.	inal offence or that	details of	any convictions for
I agree to complete an	Application for a Request for Crimina	Conviction History	ı as attach	ed to this form.
I confirm I have not be schedule of the trust d	en previously removed as a trustee un leed.	der the provisions o	of section 1	0 of the first
Year and offence (List here	the year and details of any existing o	riminal offences):		
Signature of Candidate:			Date:	
<ul> <li>CANDIDATE QUALIFICATION REQUIREMENTS</li> <li>10. TERMINATION OF OFFICE OF TRUSTEES         <ul> <li>Notwithstanding the foregoing rules of this schedule, a Trustee shall cease to hold office if he or she:</li></ul></li></ul>				
	ompleted nomination form (and ed by the Returning Officer by: "			

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.



- 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 matches your identifi		of birth you	write in here
Your Personal Details			
Surname:		First name:	
Middle names (separated by commas	):		
Date of birth: D D M M Y		Male F	Female
Place of birth:			
Telephone:		Mobile :	
Email:			
Previous names – Maiden names, oth	ner names you are known	n as, or have use	ed
Surname	First name		Middle names (separated by commas)

Your Postal Add	dress	
PO Box or Street address:		
Suburb:		
Town/City:		
State/Province:		
Post Code:	Country:	
Current residen	itial 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:		
Date: D D M M Y Y Y Y		

## 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
- $\checkmark$  Have a day time phone number and be contactable during normal business hours
- $oldsymbol{\varkappa}$  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 middl	le 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:			



specified in step 3 of the form



# **MOJ History Request Checklist**

Please ensure all the following requirements are met when completing an MOJ History Request.

ID Requirements	MOJ Form Requirements	
Identification must be photo identification	MOJ form must be signed	
<ul> <li>Evidence of Identification must be good quality, and in colour</li> </ul>	<ul> <li>Signature on the MOJ form and Identification must match</li> </ul>	
Identification must have a signature on it	The MOJ form must be dated	
<ul> <li>Identification must clearly display the expiry date</li> </ul>	The MOJ form must not be dated more than 3 months into the past	
Note: later versions of the NZ drivers	Handwriting needs to be legible	
licenses have the expiry date on the back	MOJ form must be either an electronic	
<ul> <li>Identification provided must not be more than 2 years past expiry date</li> </ul>	copy or a scanned copy (not a photo of the paper copy)	
The correct Identification provided must be		

Note: All documents **must** be sent to **electionz.com** (do not return to the Ministry of Justice)