



Nomination Form

2019 Te Runanganui o Ngati Porou Election

Completed nomination forms must be in the hands of the Chief Returning Officer by:
5.00pm on Wednesday 14 August 2019

A - CANDIDATE to fill out

Full name of Candidate:			
I consent to my nomination as a Te Runanganui o Ngati Porou director for the Rohenga Tipuna in which I am registered (tick one):			
<input type="radio"/> RT1 - Potikirua ki Whangaokena	<input type="radio"/> RT2 - Whangaokena ki Waiapu	<input type="radio"/> RT3 - Pohautea ki Te Onepoto	<input type="radio"/> RT4 - Te Onepoto ki Rahuimanuka
<input type="radio"/> RT5 - Rahuimanuka ki Mataahu	<input type="radio"/> RT6 - Mataahu ki Kokoronui	<input type="radio"/> RT7 - Kokoronui ki Te Toka a Taiau	

Residential Address:			
Contact phone:		Work phone:	
Email:			
Date of birth:			

I confirm that:
<input type="radio"/> I am 18 years or older.
<input type="radio"/> I am registered on the Ngati Porou Register with a Rohenga Tipuna (ticked above).
<input type="radio"/> I am nominated by 5 adult members who are registered in the same Rohenga Tipuna as me.
<input type="radio"/> I declare that I meet the eligibility rules in clause 2.1, Second Schedule of the TRONPnui Trust Deed.
<input type="radio"/> I am not an employee of the TRONPnui Group.
<input type="radio"/> I authorise the Chief Returning Officer to conduct a Ministry of Justice criminal records check under my name.
<input type="radio"/> I am aware of the responsibilities and obligations of an Elected Representative under the TRONPnui Trust Deed.

Candidate Eligibility

Eligibility criteria for Elected Representatives - clause 2.1, Second Schedule, TRONPnui Trust Deed:

2.1 Elected Representative Eligibility

To be elected by a Rohenga Tipuna, an Elected Representative must:

- (a) as at the closing date for nominations in the relevant election, be recorded in the Ngati Porou Register as registered with the Rohenga Tipuna in which he or she is standing for election;
- (b) not:
- be bankrupt, or have within the last 5 years been adjudged bankrupt.
 - have 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 that person is an eligible individual for the purposes of the Criminal Records (Clean Slate) Act 2004);
 - be or have ever been disqualified from being a director of a company registered under the Companies Act 1955 or the Companies Act 1993;
 - be or ever have been removed as a trustee of a trust by order of Court on the grounds on breach of trust, lack of competence or failure to carry out the duties of a trustee satisfactorily;
 - be physically or mentally incapacitated to the extent that he or she is unable to perform the duties of an Elected Representative;
 - be subject to a property order made under section 30 or 31 of the Protection of Personal Property Rights Act 1988;
 - have been convicted in the last 10 years of an offence punishable by more than 3 years imprisonment (unless that person is an eligible individual for the purposes of the Criminal Records (Clean Slate) Act 2004) or;
 - have been removed from the office of Elected Representative in accordance with rule 1.3 of the Eighth Schedule within the last 3 years.

Signature of Candidate:		Date:	
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B - NOMINATORS to fill out

We nominate:

Candidate Name:

as a candidate for the position of Elected Representative of Te Runanganui o Ngati Porou. We consider that the candidate has:

- an appropriate level of knowledge, skill, expertise and business capabilities to assist TRONPnui in giving effect to the purposes of TRONPnui; and
- a reasonable level of competence in, and knowledge of, the relevant accounting standards and best practice governance models.

First Nominator Full Name:

Date of Birth:

Address:

Signature of First Nominator:

Date:

Second Nominator Full Name:

Date of Birth:

Address:

Signature of Second Nominator:

Date:

Third Nominator Full Name:

Date of Birth:

Address:

Signature of Third Nominator:

Date:

Fourth Nominator Full Name:

Date of Birth:

Address:

Signature of Fourth Nominator:

Date:

Fifth Nominator Full Name:

Date of Birth:

Address:

Signature of Fifth Nominator:

Date:



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5.00pm on Wednesday 14 August 2019

Return by email to: nominations@electionz.com

*Note: The Chief Returning Officer does not recommend posting nomination papers.
Please contact the Election Helpline on 0800 666 046 if emailing the completed nomination papers does not suit you.*

For assistance phone the Election Helpline 0800 666 046

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 **X**

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:

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:

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