

NOMINATION AS AN MARAE DELEGATE FOR TE RŪNANGA O TE RARAWA

***PLEASE NOTE:** This form must be completed and returned to Te Rūnanga o Te Rarawa no later than 4pm, 14 August 2025. To complete any part of this form you must be of Te Rarawa descent, at least 18 years of age and registered with Te Rūnanga o Te Rarawa.

NOMINATOR MUST COMPLETE THIS PART OF THE FORM

Full name: _____

Address: _____

Phone number: _____

Te Rarawa member No. _____

Affiliate marae: _____

I hereby nominate _____ as a Marae delegate
for _____ marae.

Signature: _____

NOMINATED CANDIDATE MUST COMPLETE THIS PART OF THE FORM

Full name: _____

Date of birth: _____

Address: _____

Phone number: _____

Te Rarawa member No.: _____

Affiliate marae: _____

I hereby accept nomination as a candidate for election as a Marae delegate for
_____ marae.

DECLARATION

I declare that I am not precluded from holding office as an Elected Alternate Delegate because of any matters referred to below (refer to clause 3.51 of the Trust Deed):

- Being of unsound mind, or a person in respect of whose affairs under the Protection of Personal Property Rights Act 1988 a notice has been made; or
- Being a bankrupt who has not obtained a final order of discharge, or whose final order of discharge has been suspended for a term not yet expired, or is subject to a condition not yet fulfilled; or
- Having ever been convicted of an offence involving dishonesty as defined in section 2(1) of the Crimes Act 1961; or
- Having ever been convicted of an offence under section 374(4) of the Companies Act 1993; or
- Having ever been convicted of an offence involving a sexual crime under sections 127 to 144 of the Crimes Act 1961; or
- Having ever been convicted of an offence of a serious violent nature against another person.

CHECKLIST

Before you send in your nomination form, please ensure that you have provided the following:

- ☐ A brief statement containing details of experience relevant to the position; and
- ☐ Police vetting with 2 forms of identification

Signed by Nominee _____

Date _____

PLEASE RETURN THIS COMPLETED FORM AND ANY ACCOMPANYING DOCUMENT TO THE SECRETARY AT PO BOX 361, KAITAIA OR BY EMAIL: elections@terarawa.co.nz BY 4PM, 14 August 2025.