

OFFICIAL NOMINATION AS CHAIRPERSON FOR TE RŪNANGA O TE RARAWA

*PLEASE NOTE: This form must be completed and returned to <u>elections@terarawa.co.nz</u> no later than **12pm**, Friday 28th November 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 CO	MPLETE THIS PART OF THE FO	RM
Full name: Address: Phone number: I hereby nominate Signature	as Cha	airperson.
HAPŪ MARAE ENDORS	ING THIS NOMINATION	
Name of Hapū Marae Authorised by		
NOMINATED CANDIDA	TE MUST COMPLETE THIS PAR	T OF THE FORM
Full name: Date of birth: Address: Phone number: Affiliate Hapū Marae I hereby accept nominat	tion as a candidate for Chairper	son.
DECLARATION I declare that I am not pr	recluded from holding office as	a Chairperson on the basis of:
 Personal Property Ri Being a bankrupt wh suspended for a terr Having ever been co or Having ever been co Having ever been co 1961; or 	ights Act 1988 has been made; on has not obtained a final order in not yet expired, or is subject to invicted of an offence involving on invicted of an offence under second invicted of an offence involving an invicted an invicted an invicted of an offence invicted an invited	ose affairs an order an order under the Protection of or of discharge, or whose final order of discharge has been a condition not yet fulfilled; or dishonesty as defined in section 2(1) of the Crimes Act 1961; tion 374(4) of the Companies Act 1993; or a sexual crime under sections 127 to 144 of the Crimes Act us violent nature against another person.
CHECKLIST	nomination form Inlease ensure	that you have provided the following:
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	ntaining details of experience ro ludes a list of qualifications.	elevant to the position; and
Signed by Nominee		Date
PLEASE RETURN THIS O	COMPLETED FORM AND ANY A	CCOMPANYING DOCUMENTS TO

elections@terarawa.co.nz BY 12pm Friday 28th November 2025