# NOMINATION FORM

**Ngā Pōtitanga 2026 Elections**
TE TĀWHARAU O TE WHAKATŌHEA

TE TĀWHARAU O TE WHAKATŌHEA

## A - CANDIDATE to fill out

| **Full name of Candidate:** | |
|---|---|

I, being a Adult Registered Member (aged 18 years or over) on the Whakatōhea Register of Beneficiaries consent to my nomination as a Trustee for Te Tāwharau o Te Whakatōhea.

I wish to stand for the following position (you must only select **ONE** option, see below):

| ◯ Hapū Trustee | ◯ General Trustee |
|---|---|

Declaration:

◯ That if elected, I agree to be bound by the terms of Te Tāwharau o Te Whakatōhea Trust Deed, Te Oatitanga, any other relevant Trustee obligations and to publicly swear on an oath to do so. And that I authorise the Trustees to make enquiry of relevant persons, authorities and records to confirm any aspect of this application.

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

| I submit with this nomination: | ◯ Candidate profile (250 words or less) | ◯ Recent photo | ◯ Completed MoJ application form |
|---|---|---|---|

I wish my name to be shown on the voting paper as (Surname first, ie CITIZEN Joe - commonly known name or abbreviated name):

I confirm that:

◯ I have never 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).

◯ I am not bankrupt nor have made any composition or arrangement with my creditors.

◯ I have not been convicted of an indictable offence (unless that person is an eligible individual for the purposes of the Criminal Records (Clean Slate) Act 2004).

◯ I am not subject to a compulsory treatment order under the Mental Health (Compulsory Treatment and Assessment) Act 1992 or subject to a personal and property order under the Protection of Personal and Property Rights Act 1988.

◯ I have not been, within the last six (6) years, removed from the office of Trustee in accordance with clause 25.3 of this Deed

◯ I have not been dismissed as an employee of the Te Tāwharau o Te Whakatōhea for serious misconduct within a period of six (6) years prior to the election process.

◯ I agree to be bound by the terms of its Trust Deed. I understand my obligations as a Trustee and confirm that I will faithfully, impartially, and to the best of my ability, act in the best interests of Te Whakatōhea. I will put Whakatōhea first and will not be unfairly partial to one beneficiary or group of beneficiaries to the detriment any other.

### Hapū Trustee Nominee

To be elected as a Hapū Trustee a nominee must at the closing date for nominations be recorded in the Whakatōhea Register of Beneficiaries as having a primary affiliation with the hapū they have been nominated to represent.
Each nomination must be signed by three (3) Adult Registered members who affiliate to the same primary hapū as the Candidate.

### General Trustee Nomination

General Trustees are the 4 general seats of which at least one will be a Rangatahi. Each nomination must be signed by three Adult Registered members to the Whakatōhea Register of Beneficiaries. Rangatahi candidates must be between the age of 18 and 35 years old at the closing date of nominations

| **Signature of Candidate:** | | Date: | |
|---|---|---|---|

## B - NOMINATORS to fill out

Note - all 3 nominators do not need to complete the same form. If submitting separate forms ensure the candidate's name is clearly listed in the top block on each form.

| We nominate: | |
|---|---|
| **Candidate Name:** | |
| as a candidate for the position of Trustee of Te Tāwharau o Te Whakatōhea. | |

| 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: | |

Online Hui with the Candidates
**7pm, Wednesday 21 October 2026**

An online Q&A session with the candidates will be held online via Facebook. This is an opportunity for whānau to hear from the candidate.

Completed nomination forms must be in the hands of the Chief Returning Officer by: **12 Noon Monday 14 September 2026**

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

*Note: The Chief Returning Officer does not recommend posting nomination forms. Please contact the Election Helpline on 0800 666 047 if emailing the completed nomination papers does not suit you.*

**For assistance phone the Election Helpline 0800 666 047**

electionz.com
voting made easy

MINISTRY OF JUSTICE
Tāhū o te Ture

# 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: ✗ 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: D D M M Y Y Y Y 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) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

### 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:** ✗

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
✓ 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:

Identifier's first name:

Identifier's middle 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: ✗

# MOJ History Request Checklist

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

| ID Requirements | |
|---|---|
| ◯ | Identification must be photo identification |
| ◯ | Evidence of Identification must be good quality, and in colour |
| ◯ | Identification must have a signature on it |
| ◯ | Identification must clearly display the expiry date<br>*Note: later versions of the NZ drivers licenses have the expiry date on the back* |
| ◯ | Identification provided must not be more than 2 years past expiry date |
| ◯ | The correct Identification provided must be specified in step 3 of the form |

| MOJ Form Requirements | |
|---|---|
| ◯ | MOJ form must be signed |
| ◯ | Signature on the MOJ form and Identification must match |
| ◯ | The MOJ form must be dated |
| ◯ | The MOJ form must not be dated more than 3 months into the past |
| ◯ | Handwriting needs to be legible |
| ◯ | MOJ form must be either an electronic copy or a scanned copy *(not a photo of the paper copy)* |

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