

For Office Use:	
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Date:	Time:

**Te Kotahitanga o Te Arawa Waka Fisheries
Trust Board
Level 1
1204 Whakaue Street
PO Box 1896
Rotorua 3040
FREEPOST 205267**

NOMINATION FORM
FOR REPRESENTATIVE FOR TE KOTAHITANGA O TE ARAWA WAKA
FISHERIES TRUST BOARD

IN THE MATTER of an election for a Representative on Te Kotahitanga o Te Arawa Waka Fisheries Trust Board for Ngāti Rangiteāorere for the term from January 2018 to September 2019

I, being an Adult Registered Beneficiary or Potential Adult Beneficiary of Te Kotahitanga o Te Arawa Waka Fisheries Trust Board and who has nominated (Name of Iwi) on my Registration Form as the Te Arawa Roopu in which I wish to exercise votes (the nominator).

Nominator
Signs here

Signed:.....
Address:.....
.....

Do HEREBY NOMINATE as Representative for:

Enter the
Nominee's
details here

Iwi:.....
Name:
Address:.....
Phone:.....
Email:

Nominee to complete

I, (Full name).....
.....

hereby accept the nomination and declare that:

- (a) I am not precluded from holding office;
- (b) I am willing to be a Representative if elected;
- (c) I am willing to be the Co-opted Representative if for some reason the relevant Representative vacates or is otherwise removed from office before the expiry of the Elected Term;
- (d) I am an Adult Registered Beneficiary of Te Kotahitanga o Te Arawa Waka Fisheries Trust Board;
- (e) I agree that the election is subject to the High Court proceedings in CIV-2017-463-69 (**Proceedings**). I waive all rights in relation to the election and accept that if I am elected that my election will be subject to the outcome of the Proceedings.

Nominee
Signs here

Signed:.....
Address:.....
.....

Please write 100 words about yourself in the space below which may be included on the Election Voting Slip

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NOTE **Nomination Forms must be received by the Trust Board at its offices no later than 5.00pm, 5 DECEMBER 2017. Failure to complete this Nomination Form correctly may render this nomination invalid.**