For Office Use:

RECEIVED:

Date:

Time:

Te Kotahitanga o Te Arawa Waka Fisheries Trust Board PO Box 1896 Rotorua 3040 FREEPOST 205267 Nominator is Registered Beneficiary of Relevant Iwi Y/N

Nominee is Registered Beneficiary of Relevant Iwi Y/N

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

Arawa Wa	aka Fisheries Trust Board for a term of three years from September eptember 2022	
name is Beneficial who has r	being a person whose listed as an Adult Registered Beneficiary or Potential Adult ry with Te Kotahitanga o Te Arawa Waka Fisheries Trust Board and nominated(Name of Iwi) on my on Form as the Te Arawa Roopu in which I wish to exercise votes nator).	
Nominator Signs here	Signed:	
Do HEREBY NOMINATE as Representative for:		
Enter the Nominee's letails here	lwi:	
	Name:	
	Address:	
	Phone:	
	Empile	

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 the Representative for Te Kotahitanga o Te Arawa Waka Fisheries Trust Board if elected; (c) I am willing to be the Co-opted Representative for Te Kotahitanga o Te Arawa Waka Fisheries Trust Board 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 or Potential Adult Beneficiary with Te Kotahitanga o Te Arawa Waka Fisheries Trust Board and I have nominated the above named iwi on my Registration Form as the Te Arawa Roopu in which I wish to exercise votes.
Nominee Signs here	Signed: Address:
	rite 100 words about yourself in the space below which may be on the Election Voting Slip
NOTE	Nomination Forms shall be received by the Trust Board at its offices no later than 5.00pm, 23 July 2019. Failure to complete this Nomination Form correctly may render this nomination invalid.