

NGĀTI APA KI TE RĀ TŌ - E TŪ!

He karanga tēnei ki ngā uri whakaheke o Ngāti Apa ki te Rā Tō
For members requesting a nomination form, please email nominations@electionz.com



2026 NOMINATION FOR CANDIDATES SEEKING ELECTION AS A TRUSTEE

This form is for those iwi members who intend to put their names forward as a nominee for the position of **Pūaha te Rangi Trustee** for the 2026 Election of the Ngāti Apa ki te Rā Tō Trusts

A - CANDIDATE to fill out

| | | | |
|---|---|---|--|
| I (full name), | | | |
| consent to my nomination for the position of Pūaha te Rangi Trustee . | | | |
| Address: | | | |
| Contact phone: | | Email: | |
| I submit with this nomination (please tick appropriate circles): | | | |
| <input type="radio"/> A statement containing details of experience and objectives relevant to the position of trustee (maximum 250 words) | <input type="radio"/> Recent photo (optional) | <input type="radio"/> Completed Ministry of Justice criminal check form | |
| I wish my name to be shown on the voting paper as (Surname first, e.g. CITIZEN Joe - commonly known name or abbreviated name): | | | |
| | | | |
| I confirm that: | | | |
| <input type="radio"/> I whakapapa to Pūaha te Rangi hapū | | | |
| <input type="radio"/> I am an adult registered member of Ngāti Apa ki te Rā Tō Trust | | | |
| <input type="radio"/> I agree to the disclosure of any and all criminal convictions by the Ministry of Justice to Ngāti Apa ki te Rā Tō Trust | | | |
| <input type="radio"/> I declare that I am not a person who is precluded from holding office as a Trustee on the basis of one or other of the matters specified in Clause 6.7 of the Second Schedule of the Deed of Trust of Ngāti Apa ki te Rā Tō Trust (see below) | | | |
| Signature: | | Date: | |

CANDIDATE ELIGIBILITY

Clause 6.7 of the Second Schedule of the Ngāti Apa ki te Rā Tō Trust Deed

Notwithstanding the forgoing rules of this Schedule an Adult Registered Member of Ngāti Apa ki te Rā Tō Trust shall not be eligible for nomination as a candidate for election as a Trustee if he or she:

- Is or has ever 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);
- Is bankrupt or has made any composition or arrangement with his or her creditors;
- Has been convicted of an indictable offence;
- Becomes subject to a compulsory treatment order under the Mental Health (Compulsory Treatment and Assessment) Act 1992; or
- Has within the last 3 years been removed from the office of Trustee in accordance with clause 22.3.

B - NOMINATOR to fill out

| | | | |
|---|--|-------|--|
| Full name of Nominator: | | | |
| Address: | | | |
| Contact phone: | | | |
| Email: | | | |
| <input type="radio"/> I declare that I am an Adult Registered Member of Ngāti Apa ki te Rā Tō Trust | | | |
| Signature of Nominator: | | Date: | |

Each nomination paper must be in the hands of the Returning Officer by: 5pm Monday 13 July 2026

Return by email to:
nominations@electionz.com

OR hand deliver to:

- Ngāti Apa ki te Rā Tō Trust Office Blenheim, 78 Seymour Street, Blenheim
- Ngāti Apa ki te Rā Tō Trust office Nelson, 315a Hardy Street, Nelson

Note: The Returning Officer does not recommend posting nomination papers. Please contact the Election Helpline on **0800 666 031** if emailing or hand delivery of the completed nomination papers does not suit.

If you have not received phone or email confirmation of receipt of your submitted nomination within 24 hours please call the Election Helpline on **0800 666 031** to check it has been received.

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:

X

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: 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) |
|----------------------|----------------------|------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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:

X

Date:

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: | <input type="text"/> | | |
| Identifier's first name: | <input type="text"/> | | |
| Identifier's middle names (<i>separated by commas</i>): | <input type="text"/> | | |
| PO Box or Street address: | <input type="text"/> | | |
| Suburb: | <input type="text"/> | | |
| Town/City: | <input type="text"/> | | |
| State/Province: | <input type="text"/> | | |
| Post Code: | <input type="text"/> | Country: | <input type="text"/> |
| Telephone: | <input type="text"/> | Mobile: | <input type="text"/> |
| Email: | <input type="text"/> | | |

I declare that I have personally known

| | | | |
|--|----------------------|-------------------------------------|--|
| Surname: | <input type="text"/> | | |
| First name: | <input type="text"/> | | |
| Middle names (<i>separated by commas</i>): | <input type="text"/> | | |
| For | <input type="text"/> | years and vouch for their identity. | |

Signature of the identifier:

X

MOJ History Request Checklist

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

| ID Requirements | MOJ Form Requirements |
|---|--|
| <input type="checkbox"/> Identification must be photo identification | <input type="checkbox"/> MOJ form must be signed |
| <input type="checkbox"/> Evidence of Identification must be good quality, and in colour | <input type="checkbox"/> Signature on the MOJ form and Identification must match |
| <input type="checkbox"/> Identification must have a signature on it | <input type="checkbox"/> The MOJ form must be dated |
| <input type="checkbox"/> Identification must clearly display the expiry date <i>Note: later versions of the NZ drivers licenses have the expiry date on the back</i> | <input type="checkbox"/> The MOJ form must not be dated more than 3 months into the past |
| <input type="checkbox"/> Identification provided must not be more than 2 years past expiry date | <input type="checkbox"/> Handwriting needs to be legible |
| <input type="checkbox"/> The correct Identification provided must be specified in step 3 of the form | <input type="checkbox"/> MOJ form must be either an electronic copy or a scanned copy (<i>not a photo of the paper copy</i>) |

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