

A - NOMINEE DECLARATION - for the candidate to complete

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| I (full name), | |
| consent to my nomination as a candidate for the Tūwharetoa Settlement Trust , the election for which is to be held on Thursday 1 December 2022 . | |

I seek to represent the following Taiwhenua which I affiliate to:

| | | | |
|-----------------------------------|-------------------------------|----------------------------------|---------------------------------|
| <input type="radio"/> Tai Hauāuru | <input type="radio"/> Hikuwai | <input type="radio"/> Maataapuna | <input type="radio"/> Tai Tonga |
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| Address: | |
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| | | | |
|-----------------------|--|--------------------------|--|
| Contact phone number: | | TST Registration number: | |
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| Email: | |
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| I submit with this nomination (please tick appropriate circles): | <input type="radio"/> Candidate profile statement (refer over) | <input type="radio"/> A recent (less than 1 year) photo of the candidate only |
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I confirm that:

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| <input type="radio"/> I am an adult (over 18), a New Zealand resident and my name appears on the Register of the Tūwharetoa Settlement Trust as a registered and verified member |
| <input type="radio"/> I am aware that under section 5.13 of the Trust Deed (refer over) employees of the Trust or a Director, Trustee or Board member of a Trust Entity cannot be elected as a Trustee |
| <input type="radio"/> I am aware of my responsibilities and obligations as a Trustee under the provisions of the Trust Deed (refer over) |
| <input type="radio"/> I am not now and will not on election day, be disqualified from holding office as a Trustee under section 5.11 of the Trust Deed (refer over) |
| <input type="radio"/> I authorise the Returning Officer to make enquiry of relevant persons, authorities and records to confirm any aspect of my declaration |
| <input type="radio"/> I consent to my candidate profile statement and photo being made available for election purposes |

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

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| Signature: | | Date: | |
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B - NOMINATION CERTIFICATE - For an office bearer of the nominating hapū to complete

The above listed candidate has been nominated at a hui-a-hapū held on (date):

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To represent (hapū name):

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I submit with this nomination:

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| <input type="radio"/> a copy of the advertisement for the hui-a-hapū that was published 10 days before the hui-a-hapū was held |
| <input type="radio"/> a copy of the minutes of the hui-a-hapū recording the nomination of the above candidate |
| <input type="radio"/> a copy of the attendee register for the hui-a-hapū |

Full name of first hapū representative:

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Position within hapū:

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|------------|--|-------|--|
| Signature: | | Date: | |
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Full name of second hapū representative:

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Position within hapū:

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| Signature: | | Date: | |
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Eligibility and Candidate Profile Statement

Eligibility as Trustee

- 5.10 An individual shall be eligible to be a Trustee if:
- He or she is aged over 18 years; and
 - He or she is a Registered Adult Member who is resident in New Zealand; and
 - He or she is not an employee of the Trust or of a Trust Entity.
- 5.11 A person is ineligible to be a Trustee if the person:
- Is bankrupt, and or has within the last five years been adjudged bankrupt;
 - 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 or has ever been disqualified from being a director of a company registered under the Companies Act 1955 or the Companies Act 1993;
 - Is or has ever been removed as a trustee of a trust by order of a Court on the grounds on breach of trust, lack of competence or failure to carry out the duties of a trustee satisfactorily;
 - Becomes subject to a compulsory treatment order under the Mental Health (Compulsory Assessment and Treatment) Act 1992; or
 - Becomes subject to a property order made under section 30 or section 31 of the Protection of Personal and Property Rights Act 1988.
- 5.12 A person shall disclose to the Trust all information about their eligibility and failure to provide full disclosure shall entitle the Trustees to determine that person as ineligible for election.
- 5.13 An employee of the Trust [or Director, Trustee or Board member of a Trust Entity] may be nominated for election as a Trustee, but if elected shall forthwith resign his or her position as an employee [or Director, trustee or Board member of an Trust Entity] as the case may be.

Cessation of office of Trustee

- 5.17 A Trustee shall cease to be a Trustee if he or she:
- has been in office for more than five years since his or her election; or
 - resigns or retires by giving written or oral notice to the Secretary; or
 - dies; or
 - ceases to be eligible to be a Trustee under Clause 5.10; or
 - is removed as a Trustee by Special Resolution at a duly convened Special General Meeting; or
 - fails or neglects to attend three consecutive duly constituted meetings of the Trustees without leave of absence, unless it appears to the other Trustees at their first meeting after the last of such absences that there is a proper reason in each instance for such non-attendance.

An election of a new Trustee shall be held in accordance with the procedures in Schedule 4.

- 5.18 Retiring Trustees shall be eligible for re-election, provided they satisfy the eligibility criteria and process of election pursuant to the provisions of Schedule 4.

7. DUTIES OF TRUSTEES

- 7.1 The Trustees must always act, collectively and individually, in accordance with their fiduciary duties and obligations.
- 7.2 In performing their duties each Trustee will act in good faith and in a manner that the Trustees believe on reasonable grounds is in the interests of the Iwi.
- 7.3 The Trustees may exercise powers to determine which Purposes of the Trust are to benefit from distributions of income and capital from the Trust Fund but the Trustees shall not act or agree to act in a manner which unfairly prejudices or unfairly discriminates against any particular Iwi Member/s. A Trustee must not act in a manner which brings or is likely to bring the Iwi, the Trust or any Trust Entity into disrepute.
- 7.4 The Trustees must not, collectively and individually, act or agree to act in a manner which contravenes this Deed.
- 7.5 Every Trustee, when exercising powers or performing duties as a Trustee, must exercise the care, diligence and skill to be reasonably expected of a person acting in like circumstances, taking into account any special skills or experience that the Trustee has.
- 7.6 A Trustee who has a conflict shall immediately disclose it to the Secretary and the Chair and he or she shall not participate in any deliberations or meeting of the Trustees relating to the matter unless there is a Special Resolution of other non-conflicted Trustees approving the participation of the Trustee in the matter. The Secretary shall record the disclosure in the register of the Trustees.
- 7.7 Every Trustee, when exercising powers or performing duties as a Trustee, may accept as correct any reports, statements, financial data and other information prepared, and any professional or expert advice given, by any of the following persons, to the extent only that the Trustee acts in good faith, after reasonable enquiry when the need of enquiry is indicated by the circumstances, and without knowledge that would cause such acceptance to be unwarranted:
- 7.7.1 any Director, trustee, Board member or Employee of any Trust Entity whom the Trustee believes on reasonable grounds to be reliable and competent in relation to the matter concerned;
- 7.7.2 any professional or expert person in relation to matters which the Trustee believes on reasonable grounds to be within that person's professional or expert competence; and
- 7.7.3 any other Trustee, or member of a committee upon which the Trustee did not serve at the relevant time, in relation to matters within that other Trustee's or committee member's designated authority.
- 7.8 Each Trustee accepts the duties and obligations attaching to the office of Trustee under this Deed when he or she signs the Nomination Form for election as Trustee or in the case of the Initial Trustees, signs this Deed.

Candidate Profile Statement

The Tūwharetoa Settlement Trusts Trust Deed includes a requirement for all candidates to submit with their nomination, a brief candidate profile statement. Requirements for the candidate profile statement are listed in the Candidate Handbook.

**Each Nomination Paper must be in the hands of the Returning Officer by:
12 noon, Tuesday 27 September 2022**

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| Return by email to: | Courier to: |
| nominations@electionz.com | 3/3 Pukaki Road Avonhead Christchurch 8042 |

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

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: | <input type="text"/> | | |
| Suburb: | <input type="text"/> | | |
| Town/City: | <input type="text"/> | Post Code: | <input type="text"/> |

| | | | |
|-----------------|----------------------|------------|----------------------|
| Street address: | <input type="text"/> | | |
| Suburb: | <input type="text"/> | | |
| Town/City: | <input type="text"/> | Post Code: | <input type="text"/> |

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|-----------------|----------------------|------------|----------------------|
| Street address: | <input type="text"/> | | |
| Suburb: | <input type="text"/> | | |
| Town/City: | <input type="text"/> | Post Code: | <input type="text"/> |

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