

A - CANDIDATE to fill out

I (full name),			
consent to my nomination as a candidate for the Ngāti Whātua Ōrākei Trust 2025 Elected Representative Election.			
Address:			
Contact phone:		Mobile phone:	
NWŌ Number (If known):			
Email:			

I submit with this nomination (please include with your nomination form):

<input type="radio"/> Candidate profile statement (maximum of 250 words in te reo Māori and 150 words in English)	<input type="radio"/> Recent photo (head and shoulders)	<input type="radio"/> Completed Ministry of Justice (MOJ) Check Form
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I confirm that:

<input type="radio"/> I am recorded as an adult member (aged 18+) on the register for Ngāti Whātua Ōrākei Trust
<input type="radio"/> I fulfil the eligibility requirements to be a candidate under the Ngāti Whātua Ōrākei Trust Deed and fulfil the legal requirements of an officer as defined by the Charities Act 2005 ngatiwhatuaorakei.com/parongo/2025-trust-board-elections
<input type="radio"/> I have not been removed from the office of Elected Representative in accordance with clauses 13.3 and 13.5 of the Ngāti Whātua Ōrākei Trust Deed within the last three (3) years
<input type="radio"/> I authorise the Chief Returning Officer to make enquiry of relevant persons, authorities and records to confirm any aspect of my nomination in accordance with the Ngāti Whātua Ōrākei Trust Deed, in particular in accordance with schedule two (ELECTIONS OF ELECTED REPRESENTATIVES).

Your name as you wish it to appear on the voting paper: (Surname must be first, followed by your first name or the name you are commonly known by. Your surname will be capitalised on the voting form. i.e. SMITH John)

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Declaration:

I declare that the above information is true and accurate.

Signature of Candidate:		Date:	
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Each nomination form must be in the hands of the Chief Returning Officer by:
5pm Friday 15 August 2025

Return by email to:	nominations@electionz.com
Return in person to: Ngāti Whātua Ōrākei Whai Māia Tari - 230 Kupe Street, Ōrākei Ōrākei Marae Te Pou Whakairo Building - 59b Kitemoana Street, Ōrākei Ngāti Whātua Ōrākei Tari - Level 1/8 Mahuhu Crescent, Tāmaki Makaurau CBD	
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 666 040 to check it has been received.	

B - NOMINATORS to fill out

In accordance with schedule 2 of the Ngāti Whātua Ōrākei Trust Deed, section 6.5 The nomination of a candidate for election as an Elected Representative shall be in writing signed by not less than five (5) Registered Adult Members of Ngāti Whātua Ōrākei Trust.

We, the undersigned nominators, being a registered adult (aged 18+) member of Ngāti Whātua Ōrākei, hereby nominate the following person with their consent as a candidate for Ngāti Whātua Ōrākei Trust (*full name of candidate*):

FIRST NOMINATOR			
Nominator name:			
Address:			
NWŌ Number (<i>if known</i>):		Date of birth:	
Contact phone:			
Signature of Nominator:		Date:	

SECOND NOMINATOR			
Nominator name:			
Address:			
NWŌ Number (<i>if known</i>):		Date of birth:	
Contact phone:			
Signature of Nominator:		Date:	

THIRD NOMINATOR			
Nominator name:			
Address:			
NWŌ Number (<i>if known</i>):		Date of birth:	
Contact phone:			
Signature of Nominator:		Date:	

FOURTH NOMINATOR			
Nominator name:			
Address:			
NWŌ Number (<i>if known</i>):		Date of birth:	
Contact phone:			
Signature of Nominator:		Date:	

FIFTH NOMINATOR			
Nominator name:			
Address:			
NWŌ Number (<i>if known</i>):		Date of birth:	
Contact phone:			
Signature of Nominator:		Date:	

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:

D	D	M	M	Y	Y	Y	Y
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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 an 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
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)