TARANAKI WHĀNUI
KI TE UPOKO O TE IKA

NOMINATION FORM FOR 2026 TRUSTEE ELECTION

Each nomination form must be in the hands of the Returning Officer by:
12 noon on Friday 17 July 2026

For assistance phone the Election Helpline: **0800 666 941**

A - CANDIDATE to fill out

I *(full name)*,			
the undersigned Candidate consent to my nomination as a candidate for the Port Nicholson Block Settlement Trust, the election for which is to be held on 26 September 2026.			
Address:			
Phone No.		**Membership No.**	
Email:			
I submit with this nomination *(please tick appropriate circles)*:	◯ Recent photo *(see below for requirements)*	◯ Candidate profile *(see below for requirements)*	

I confirm that *(please tick appropriate circles)*:

- ◯ I am an adult member of Taranaki Whanui ki Te Upoko o Te Ika and my name appears as verified on the Register of the Port Nicholson Block Settlement Trust as at 17 July 2026.
- ◯ I am aware of my responsibilities and obligations as a member under the provisions of the Trust Deed.
- ◯ I am not an employee of the Trust and I am not now, and will not on election day, be disqualified from holding office as a Trustee under the Second Schedule of the Trust Deed *(refer to the Information Sheet for details)*.
- ◯ I consent to my Candidate Profile Statement and photograph being made available for election purposes.

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

Signature of Candidate:		**Date:**	

Candidate photo and profile

- Candidates **must** provide a recent *(i.e. less than one year old)* photo of the candidate **only**.
- Candidate profiles **should** be provided electronically as a Word .docx file and **not** exceed 250 words. It is suggested that profiles be formatted under the following headings:

Suggested headings:	*Total word limit*
Short Pepeha and Tribal Affiliations:	Maximum of 250 words
Occupation:	
Relevant Qualifications:	
Iwi Involvement:	
Governance Experience:	
Candidate Statement:	

Completed nomination documents must be in the hands of the Returning Officer by:
12 noon on Friday 17 July 2026

Return by email to: **nominations@electionz.com**

Note: The Returning Officer does not recommend posting nomination documents. Please contact the Election Helpline on 0800 666 941 if emailing the completed nomination documents does not suit.

B - NOMINATORS to fill out

We the undersigned nominators, being 5 adult *(over 18)* members of the Trust, hereby nominate *(Full name of Candidate)*:
Note - all 5 nominators do not need to complete the same form. If submitting separate forms ensure the candidate's name is clearly listed in the top block on each form.

with his/her consent as a candidate for the Port Nicholson Block Settlement Trust 2026 Trustee election.

Full name of First Nominator:			
Address:			
Membership Number:			
Signature of First Nominator:		Date:	

Full name of Second Nominator:			
Address:			
Membership Number:			
Signature of Second Nominator:		Date:	

Full name of Third Nominator:			
Address:			
Membership Number:			
Signature of Third Nominator:		Date:	

Full name of Fourth Nominator:			
Address:			
Membership Number:			
Signature of Fourth Nominator:		Date:	

Full name of Fifth Nominator:			
Address:			
Membership Number:			
Signature of Fifth Nominator:		Date:	

Applicant and their Nominators must provide their PNBST Membership Number. Failure to do so may result in the application not being accepted. Please contact the PNBST Trust Office on 0800 767 8642 / reception@portnicholson.org.nz to obtain your membership number.

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MINISTRY OF JUSTICE
Tāhū o te Ture

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: ✗ 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: D D M M Y Y Y Y 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)

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: ✗

Date: D D M M Y Y Y Y

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:

Identifier's first name:

Identifier's middle names *(separated by commas)*:

PO Box or Street address:

Suburb:

Town/City:

State/Province:

Post Code: Country:

Telephone: Mobile:

Email:

I declare that I have personally known

Surname:

First name:

Middle names *(separated by commas)*:

For years and vouch for their identity.

Signature of the identifier: ✗

MOJ History Request Checklist

Please ensure all the following requirements are met when completing a 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)