

# **WAIPAPA MARAE TRUSTEES**

## **Nomination Forms for Elections and Proxy Voting Forms**

1. Trustee Elections Nomination Form
2. Marae Committee Elections Nomination Form
3. Proxy Voting Form

# WAIPAPA MARAE TRUSTEES

## TRUSTEE ELECTIONS 2020

I, ..... a beneficiary of Waipapa Marae, Kāwhia,

Nominate ..... to be a Trustee of Waipapa Marae  
Kāwhia in the role of (please tick ✓)

- Chairperson (1)
- Secretary (1)
- Treasurer (1)
- General Trustee

Signed (nominator) \_\_\_\_\_ Date \_\_\_\_\_

I ....., a beneficiary of Waipapa Marae, Kāwhia, second the  
above nomination.

Signed (seconder) \_\_\_\_\_ Date \_\_\_\_\_

I ....., a beneficiary of Waipapa Marae, Kāwhia, agree to be  
nominated to be a Trustee of Waipapa Marae, Kāwhia.

Signed (candidate) \_\_\_\_\_ Date \_\_\_\_\_

**Nominations must be received by the Secretary, Waipapa Marae Trustees, P O Box 91, Kāwhia,  
seven (7) clear days prior to the AGM on DATE**

# WAIPAPA MARAE TRUSTEES

## MARAE COMMITTEE ELECTIONS 2020

I, ..... a beneficiary of Waipapa Marae, Kāwhia,

Nominate ..... to be a member of the Marae Committee of Waipapa Marae, Kawhia in the role of (please tick ✓)

- Chairperson (1)
- Secretary (1)
- Treasurer (1)
- General Member

Signed (nominator) \_\_\_\_\_ Date \_\_\_\_\_

I ....., a beneficiary of Waipapa Marae, Kāwhia, second the above nomination.

Signed (second) \_\_\_\_\_ Date \_\_\_\_\_

I ....., a beneficiary of Waipapa Marae, Kāwhia, agree to be nominated to be member of the Marae Committee of Waipapa Marae, Kawhia.

Signed (candidate) \_\_\_\_\_ Date \_\_\_\_\_

**Nominations must be received by the Secretary, Waipapa Marae Trustees, P O Box 91, Kāwhia, seven (7) clear days prior to the AGM on DATE.**

# WAIPAPA MARAE TRUSTEES

## VOTING BY PROXY

The Secretary  
Waipapa Marae Trustees  
Waipapa Marae  
P O Box 31  
Kāwhia

For the AGM scheduled to take place on DATE at Waipapa Marae, Kāwhia,

I, \_\_\_\_\_

being a beneficiary of Waipapa Marae, Kāwhia, authorise:

\_\_\_\_\_  
also a beneficiary of Waipapa Marae, Kāwhia, to exercise my voting rights at the above mentioned hui.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This completed proxy form needs to be in the hands of the Secretary at the above address five (5) clear days prior to the meeting at which the proxy is to be exercised, i.e. by DATE.**

NAME  
Chairperson  
WAIPAPA MARAE TRUSTEES

## **WAIPAPA MARAE TRUSTEES**

Marae Representation on Other Bodies like Te Whakakitenga will be run in accordance with the rules from Waikato Tainui on Te Whakakitenga elections.