**WAIPAPA MARAE TRUST**

**ELECTION OF TE WHAKAKITENGA REPRESENTATIVE**

I, ………………… ………………………………………... a beneficiary of Waipapa Marae, Kāwhia AND a Beneficiary registered on the Waikato Tainui Beneficiary Roll

Nominate ………………………………………………………… to represent Waipapa Marae on Te Whakakitenga

Signed (Nominator) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_

**DETAILS to be provided:**

Waikato Tainui Beneficiary Roll number:

DOB: Address:

Email:

Phone Number”

I ………………………….…………………………………...a beneficiary of Waipapa Marae, Kāwhia, AND a beneficiary enrolled on the Waikato Tainui Beneficiary Roll, agree to be nominated as representative of Waipapa Marae to Te Whakakitenga.

Signed (Candidate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_

**DETAILS to be provided:**

Waikato Tainui Beneficiary Roll Number

DOB: Address:

Email address:

Phone:

**Nomination to be emailed to** **chair@waipapamarae.nz** **by no later no than 5pm Friday 6 November 2020; being seven (7) clear days before the AGM scheduled for Saturday 14 November 2020.**