

# NOTES FOR THE CONSENT AND NOMINATION AS A TRUSTEE FORM

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- This form is for all proposed trustees and their nominators to complete and sign
  - Please complete all sections of the form (Wāhanga A, E & I)
  - Please ensure the completed form is filed with the Registrar of the Maori Land Court, Whangarei before 5.00PM Friday 20<sup>th</sup> April 2018
  - Prospective trustees must submit additional supporting material namely a resume or CV with this form
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## WĀHANGA (A): TRUSTEE CONTACT DETAILS

IN THE MATTER OF: OTAKANINI MAORI RESERVATION (HARANUI MARAE) TRUST

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My full name is:

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My contact details are:

Address (in full):

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Phone number:

Mobile number:

Email address:

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## WĀHANGA (E): TRUSTEE STATEMENT

I HEREBY CONFIRM the following:

- a) I **AM NOT** under 20 years of age
  - b) I **DO NOT** live overseas
  - c) I **HAVE NOT** previously been removed as a Trustee of any Trust by the High Court or the Māori Land Court
  - d) I **DO NOT** have any physical disability which may prevent me from carrying out my duties as a trustee
  - e) I **DO NOT** suffer from a mental disorder within the meaning of the Mental Health Compulsory Assessment and Treatment Act 1992, or whose estate or any part thereof is subject to a property order made under the Protection of Personal and Property Rights Act 1998
  - f) I **DO NOT** have any criminal convictions for dishonesty or any other offences which may disqualify me as a trustee
  - g) I **AM NOT** an undischarged bankrupt
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# CONSENT AND NOMINATION AS A TRUSTEE FORM

Section 222(2) and 222(3) of Te Ture Whenua Māori Act 1993

To be completed by each person who has been nominated as a trustee and their nominator

## WĀHANGA (I):

I (full name) \_\_\_\_\_

1. ☐ **CONSENT** to being appointed by the Māori Land Court as a trustee of the **OTAKANINI MAORI RESERVATION (HARANUI MARAE) Trust.**
2. ☐ **AM NOMINATED** by \_\_\_\_\_ a beneficiary of the **OTAKANINI MAORI RESERVATION (HARANUI MARAE) Trust.**
3. ☐ **HAVE or UNDERTAKE TO** familiarise myself with the Trust Order/Māori Reservation Regulations 1994
4. ☐ **WILL PROPERLY** carry out my duties as trustee; and
5. ☐ **CONFIRM** that I have the ability, experience and knowledge to be appointed as a trustee, and in particular (Please complete the relevant details)

- a) I am a trustee on other trusts or am a member of other organisations, namely:

Name of Trust/Committee	Position held

- b) I have the following relevant work or other experience; e.g. kaumātua associated with the land or Reservation

Place of work	Position or Responsibilities

- c) I have the following qualifications:

Qualification	Year attained	Institute

- d) That the information contained in this form is true and correct.

**Proposed Trustee Signature:** \_\_\_\_\_ **Signature of Nominator:** \_\_\_\_\_

**Date:**                /                /                **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_