



Te Kāhui o Paerangi Nomination Form

Deputy Chair

We nominate _____ for the position of Deputy Chair of Te Kāhui o Paerangi. We confirm as mover and seconder that we are registered* marae of Ngāti Rangī.

Moving Marae: _____

Signature: _____

Seconding Marae: _____

Signature: _____

I _____ accept the nomination by the above mover and seconder for appointment as Deputy Chair of Te Kāhui o Paerangi.

Signature: _____

Date: _____

THIS FORM MUST BE DELIVERED TO THE NGĀTI RANGI TRUST OFFICE BY POST (PO BOX 195 OHAKUNE), EMAIL (office@ngatirangi.com) OR IN PERSON (1 MOUNTAIN ROAD) BY WEDNESDAY 7TH FEBRUARY 2019 AT 5:00PM.

FOR OFFICE USE ONLY:

Mover Registration #: _____

Secunder Registration #: _____

Date and Time received: _____