

2026 NOMINATION FORM

FOR APPOINTMENT TO TE URU TAUMATUA BOARD

For information or assistance contact Te Uru Taumatua on **07 3129 659**, email: rereata@ngaituhoe.iwi.nz or visit the website www.ngaituhoe.iwi.nz/2026-appointment-process for briefing details or contact your local Tribal office. Also to check that you are registered, call the tari and ask for Putiputi Akuhata.

All sections must be completed for your application to be considered.

YOUR DETAILS

First Name			Title (Please Circle)	Mr	Mrs	Ms	Miss
Family Name			Middle Names				
Postal Address							
Phone		Email					

HAPŪ MEMBERS - Who support your appointment

Full Name	Signature

YOUR DECLARATION AND UNDERTAKING - please circle

YES / NO	I do solemnly declare my trust and commitment to the vision of the Board - Tūhoetana and to give a personal commitment to activating Te Mana Motuhake o Tūhoe.
YES / NO	To deliver upon the Blueprint 2011 as the Board's strategic approach as directed by the Iwi.
YES / NO	To abide by Te Uru Taumatua mandated documents which include the Trust Deed and policies.

Your Signature	
Date	

LIST OF PROFILE INFORMATION - You are welcome to submit any information you would like your Marae Hapū to consider.

1	
2	
3	

I have completed the form, where to now?

- Send form including profile information to the secretary of your marae/hapū.
- For further assistance, call Te Uru Taumatua or your Tribal office.

MARAE - HAPŪ & TRIBAL OFFICE ADMINISTRATION - Completed by authorised Hapū / Tribal administrator

Person Responsible	Action Required	Outcome
Marae - Hapū Administrator	Date Received by Marae - Hapū (Last Day 4 September 2026)	Date:
Marae - Hapū Administrator	Nomination Form Detail completed (please circle one)	Complete - Incomplete
Marae - Hapū Administrator	Candidate Selection (please circle one)	Approved - Declined
Tribal Authority Administrator	Date of Receiving Hapū candidate from Hapū (Last day 7 September 2026)	Date:
Tribal Authority Administrator	Tribal Appointment completed (Last day 23 October 2026)	Approved - Declined

Name

Tribal Authority Administrator

Date