NGĀ POARI Ā-HAPORI | COMMUNITY BOARD PUKA TONO | NOMINATION FORM CHRISTCHURCH CITY COUNCIL | 2025 ELECTIONS





Important Notes:

- 1. The front page of completed nomination forms are required to be available for public inspection at the Elections Office, Ground Floor, Te Hononga Christchurch City Council Civic Offices, 53 Hereford Street, Christchurch.
- 2. Candidate name, email address and/or phone number details as provided in Section B will be made available from the council's website.
- 3. In this form LEA = Local Electoral Act 2001 and LER = Local Electoral Regulations 2001

A TE ROHE PŌTI ELECTION AREA									
Te Pātaka o Rākaihautū Banks Peninsula Community Board									
I wish to stand for the following election:									
Akaroa Community Subdivision of Rākaihautū Banks Peninsula Commu	the Te Pātaka o unity Board	Lyttelton Community Subdivision of the Te Pātaka o Rākaihautū Banks Peninsula Community Board							
Mount Herbert Community Subdivision of the Te Pātaka o Rākaihautū Banks Peninsula Community Board Wairewa Community Subdivision of the Te Rākaihautū Banks Peninsula Community Board									
My principal place of residence (tick ONE circle):	is WITHIN the sabove	Subdivision indicated is NOT WITHIN the Subdivision indicated above							
MĀ TE KAITONO CANDIDATE TO FILL OUT (after reading important information on reverse)									
I (candidate's full name),									
accept the nomination and confirm that I have read and understand the Eligibility and Candidacy Notes on the reverse of this form and certify that I am qualified to be a candidate under Section 25 of the LEA and the LER and that I am not disqualified under Section 58 of the LEA. In particular, I am a New Zealand citizen and a New Zealand parliamentary elector.									
Contact details (will be made available for	or public inspection):								
Phone No.:	Email Address:								
I am also standing for the following elections:									
I wish my name to be shown on the voting document as:									
I wish to use the following affiliation (to be left blank if the candidate does not wish to use any party / group affiliation. A candidate with no affiliation may request that 'independent' be shown. Maximum length is 38 characters (including any spaces between words)):									
Signature:	Date:								
C MĀ TE KAITAUTOKO NOMINATORS TO FILL OUT									
We, the undersigned electors of the Christchurch City Council Subdivision selected in Section A of this form hereby nominate the candidate listed in Section B above with their consent, as a candidate for the office of Community Board Member for the Subdivision selected in Section A of this form, the election for which is to be held on 11 October 2025.									
Full name of First Nominator:									
Residential Address:									
Phone No.:									
Signature of First Nominator:									
Full name of Second Nominator:									
Residential Address:									
Phone No.:									
Signature of Second Nominator:									

D CANDIDATE CONTA	CT DETAILS FOR T	HE ELECTORAL	OFFICER/OFFICIAL	_					
These contact details will n	ot be made public ar	nd will be used fo	r election communica	tion by the	Electoral Off	ficer/Official:			
Residential Address:									
(For the following 2 fields or	nly complete if differer	nt from details liste	ed in Section B of this fo	orm):					
Phone No.:	Em	ail Address:							
ELIGIBILITY & CANDIDA	ACY NOTES								
1 Candidates for this position do not need to live within the subdivision indicated in Section A, but must be a New Zealand citizen and enrolled as a New Zealand parliamentary elector. 2 Both nominators must be enrolled as electors of the subdivision indicated in Section A. 3 No person can be elected to a local authority if they are concerned or interested in contracts over \$25,000 with that local authority. This restriction is waived if prior approval from the office of the Controller and Auditor-General is obtained (Section 3(1) Local Authorities (Members' Interests) Act 1968). 4 A candidate may stand for either the regional council or city/district council/community board in the regional council's district, but not both. 5 A candidate cannot nominate themself for office. 6 A candidate cannot nominate themself for office. 6 A candidate cannot nominate themself for office. 7 Candidate cannot nominate themself for office. 8 A candidate cannot nominate themself for office. 9 Candidate cannot nominate themself for office. 9 Candidate cannot nominate themself for office. 9 Candidate cannot nominate themself for office. 10 Evidence of NZ citizenship is required at the time of up to \$2,000 who: 11 Nomination must be accompanied by the required deposit of \$200.00 (GST inclusive) or proof of an electronic deposit. 12 Citizenship documentation. 13 Nominations of candidates must be in the hands of the Electoral Officer. Christchurch City Council, before 12 noon on Friday 1 August 2025. 12 An employee of a local authority may stand for election as mayor or councillor of that local authority, but if elected, must resign as an employee of the local authority before taking office. This provision does not apply to an employee of a local authority before to a community or local board.									
RETURN, PAYMENT AN	D REFUND DETAIL	S							
		Evidence of NZ citizenship	Evidence of deposit	Photo		Profile stateme	ent		
I understand that if I do no profile booklet that will be	ot provide a profile or	photo, the word ing paper.		oplied" will a	ppear belov	v my name in	the		
Deliver to (do not post):	Elections Office, Ground Floor, Te Hononga Christchurch City Council Civic Offices, 53 Hereford Street, Christchurch.								
Or, scan and email to:	nominations@ccc.govt.nz								
Payments can be made by cash or eftpos directly at the Christchurch City Council office at 53 Hereford St, Christchurch, if you are returning this form by hand or by online banking using the details provided below:									
		ity Council	Bank:		BNZ				
Account number:	02 0800 00447	'65-00	Particulars/reference:		Election Fee				
Code:	(Your initials and surname)								
Refunds of Nomination D Where eligible, refunds of a provide either a bank depo screen shot from online ba the bank a/c number.	nomination deposits	will be made by n of your bank ac p of a bank state	online deposit into you count for the processi ment, and must includ	ur nominate ng of your r le the bank	ed bank accc efund. Verif logo, the ac	ount. Please fication can be count name a	e a and		
ELECTORAL OFFICIAL T	O FILL OUT								
Received at the hour of:		on the	day of			20			
Candidate roll #:									
First nominator roll #:			Second nominator re	oll #:					
Nomination documents approved:	Photo	g for other	Deposit/proor deposit Profile statem Deposit refun verification	nent		ce of residenc			

Date:

Signature of Electoral Official: