## 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					
Waipapa Papanui-Innes-Central Community Board					
I wish to stand for the following election:					
Central Ward of the Waipapa Papanui-Innes-Central Community Board		Innes Ward of the Waipapa Papanui-Innes-Central Community Board			
Papanui Ward of the Waipapa Papa Community Board	nui-Innes-Central				
My principal place of residence (tick ONE circle):	is <b>WITHIN</b> the	is <b>WITHIN</b> the Ward indicated above is <b>NOT WITHIN</b> the Ward indicated above			
B 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 <b>Eligibility and Candidacy Notes</b> 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 public inspection):					
Phone No.:	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 Ward selected in <b>Section A</b> of this form hereby nominate the candidate listed in <b>Section B</b> above with their consent, as a candidate for the office of <b>Community Board Member</b> for the Ward selected in <b>Section A</b> 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 CONTACT DETAILS FOR THE ELECTORAL OFFICER/OFFICIAL					
These contact details will not be made public and will be used for election communication by the Electoral Officer/Official:					
Residential Address:					
(For the following 2 fields only complete if different from details listed in Section B of this form):					
Phone No.: Email Address:					
ELIGIBILITY & CANDIDACY NOTES					
1 Candidates for this position do not need to live within the Ward indicated in Section A of this form, 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 Ward indicated in Section A of this form.  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 may under Section 56 of the LEA be nominated under a name which the candidate is commonly known as provided that the name will not: cause offence to a reasonable person; be unreasonably long; include or resemble an official rank or title; cause confusion or mislead electors (Section 56 of the LEA).  7 Where no affiliation is claimed, or an affiliation is disallowed by the Electoral Officer under Section 57 of the LEA, nothing will be shown in the public notice or the voting paper alongside the candidate's name. A candidate with no affiliation may request that 'Independent' be shown.  8 Under Section 121 of the LEA, any person is liable to a fine of up to \$2,000 who:  (a) Knowing themselves to be ineligible for election, consents to being nominated for election; or  (b) Nominates any person as a candidate whom they know to be ineligible for election; or  (c) Not being the candidate signs any nomination paper knowing that they are not qualified to vote at the election.  9 Each nomination must be accompanied by the required deposit of \$200.00 (GST inclusive) or proof of an electronic deposit.  10 Evidence of NZ citizenship is required at the time of candidate nomination. Acceptable evidence includes a copy of a NZ					
RETURN, PAYMENT AND REFUND DETAILS					
I submit with this nomination		Cylidense of	O Drofile		
I submit with this nomination (please tick appropriate circles):  Evidence of NZ citizenship Sevidence of deposit Photo  Photo					
I understand that if I do not provide a profile or photo, the words "Profile/Photo not supplied" will appear below my name in the profile booklet that will be sent out with the voting paper.					
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 <b>cash</b> or <b>eftpos</b> directly at the Christchurch City Council office at 53 Hereford St, Christchurch, if you are returning this form by hand or by <b>online banking</b> using the details provided below:					
Account name:	Christchurch City Council	Bank:	BNZ		
Account number:	02 0800 0044765-00	Particulars/reference	: Election Fee		
Code:	(Your initials and surname)				
Refunds of Nomination Deposits  Where eligible, refunds of nomination deposits will be made by online deposit into your nominated bank account. Please provide either a bank deposit slip or verification of your bank account for the processing of your refund. Verification can be a screen shot from online banking or from the top of a bank statement, and must include the bank logo, the account name and the bank a/c number.					
ELECTORAL OFFICIAL TO FILL OUT					
Received at the hour of:	on the	day of	20		
Candidate roll #:					
First nominator roll #:		Second nominator ro	oll #:		
Nomination documents approved:	Nomination paper Photo	Deposit/proof deposit  Profile statem	Place of residence		
	Standing for other	Deposit refun			

Date:

Signature of Electoral Official: