

Maori Wardens Administrator
Te Puni Kokiri
Private Bag 92010
Auckland

NOMINATION/RE-APPOINTMENT OF MAORI WARDEN

NAME OF MAORI COMMITTEE: _____

The following person has been nominated as a Māori Warden by the above committee in accordance with Section 7 of the Māori Community Development Act 1962.

Please provide a passport photo with your application

Name: _____
(Surname) (Christian Names)

Sex: _____ Marital Status: _____ Date of Birth: _____

Badge Number (if reappointment): _____

Home Address: _____

Tribal Affiliation: _____

Remarks (if necessary): _____

Signature of Maori Committee: _____

I agree that the above information can be provided to the NZMWA Yes No

Have you been convicted of a criminal offence within the last 10 years? Yes No

Nominees Acceptance: I accept the position of a Maori Warden if this nomination is approved.

Signature of Nominee: _____

DISTRICT COUNCIL ENDORSEMENT: The _____
approved the above nomination on date: _____

Signature of Secretary/Chairperson: _____

DISTRICT COUNCILS COMMENT (if any):