

# Tarimano Marae Trust Responsible Trustee Nomination Form

## **NOMINEE**

Name: \_\_\_\_\_

Representing Whanau: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_

## **NOMINATOR (1)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_

## **NOMINATOR (2)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_

## **KAUMATUA**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:    /    /

*Office Use*

Date Received	Accepted/Declined	Authorized