Puka Whakaingoa Kaitono Candidate Nomination Form





This form must be completed and received by the Electoral Officer **BEFORE 12 noon on 1 August 2025**.

Candidate details (nominators to complete)

We the undersigned electors of the constitue	ncy below, hereby nominate:	
Candidate's name:		Surname
Street address:		
Suburb:	City/town:	Postcode:
Phone number/s: Home	Mobile	<u> </u>
Email:		
with their consent, as a candidate for the elec	ction to be held on Saturday, 1	1 October 2025.
CONSTITUENCY (SELECT THE CONSTITUENCY T	HE CANDIDATE WILL STAND FOR	R):
○ Hamilton (General)	○ Waipā-King	g Country (General)
○ Taupō-Rotorua (General)	○ Ngā Hau e N	Whā (Māori)
○ Waikato (General)	○ Ngā Tai ki U	Jta (Māori)
○ Thames-Coromandel (General)		
○ Waihou (General)		
The candidate lives within the constituency f	or which they seek election:	
○ Yes ○ No		



Nominator details (nominators to complete)

Nominations require two nominators. Each nominator must have the consent of the candidate and appear on the electoral roll for the constituency in which the candidate is standing.

Note: Nomination papers WILL NOT be accepted at the council's Whitianga, Paeroa or Taupō offices.

NOMINATOR 1		
Full name:		
Street address:		
Suburb:	City/town:	Postcode:
Phone number/s:	Home	Mobile
Signature:		Date
NOMINATOR 2		
Full name:		
Street address:		
Suburb:	City/town:	Postcode:
Phone number/s:	Home	Mobile
Signature:		
		Date



Declaration of qualification (candidate to complete)

I confirm that I,	, hereby consent to the above nomination and certify that:
I am eligible to be a candidate because I am a New Zealand circle.	tizen (as per Section 25 of the Local Electoral Act 2001).
O I am not disqualified from standing for election (as per Sectio	n 58 of the Local Electoral Act 2001).
O I have not been deemed incapable under any Act.	
In the public notice (under Section 65 of the Local Electoral Act I want my affiliation shown as:	2001) and the Candidate Handbook,
If left blank no affiliation or designation including "independent" may be s	hown on the voting documents.
I wish my name to appear on the voting document as:	
Surname first, followed by first name(s). Commonly known name (e.g. abb	reviated name) if different to full name shown above.
Please supply a copy of your New Zealand birth certific when you lodge this form.	cate, current passport or citizenship documentation
Candidate signature:	Date
Candidate profile and photo	(candidate to complete)
Candidate profile statement provided.	I understand that my party affiliation (if stated in my declaration)
○ Yes ○ No	will appear in the profile booklet included with the voting paper.
	○ Yes ○ No
Candidate photograph provided.	Specify any other positions the candidate is seeking election to:
○ Yes ○ No	specify any other positions the candidate is seeking election to.
Please email your profile statement and photograph to elections@waikatoregion.govt.nz . Ensure your profile statement does not exceed 150 words and that it has been word-counted and spell-checked.	I understand that if I live within or outside the electoral area I am standing for, it will appear in the profile booklet included with the voting paper.
I understand that If I do not provide a profile statement or photo, the words "profile statement/photo not supplied" will appear in	
the profile booklet included with the voting paper. Yes No	Yes No I understand that all nomination documents must be submitted at the same time.



Additional information required

(candidate to complete)

The preliminary count will happen at 12 noon on Saturday, October 11, 2025. You can find the preliminary results on our website at **waikatoregion.govt.nz**.

I WISH TO RECEIVE PROVISIONAL RESULTS VIA:
○ Email
O Phone (Home)
O Phone (Mobile)
○ None – I do not wish to receive provisional results.
RELEASE OF PERSONAL DETAILS
O I hereby give my permission for my candidate profile statement, photograph, address and telephone number to be:
 used by Waikato Regional Council in any council publicity. e.g. media releases, social media and the council's website for the 2025 local authority elections
 provided to media, and persons and organisations seeking the information for election purposes, once the nomination has been received and validated by Waikato Regional Council.
Candidate signature:

BANK DETAILS (IF ELIGIBLE, POST ELECTION WE WILL REFUND YOUR DEPOSIT TO THIS ACCOUNT)

Candidates must submit a \$200 deposit (including GST) along with their nomination paper, as required by Section 55(2) of the Local Elections Act 2001. If the deposit is made via online banking, you must provide proof of the bank transfer when submitting the nomination form. The Electoral Officer cannot accept your nomination without this.

MAKING YOUR PAYMENT

Account name: Waikato Regional Council - Non Rates

Account number: 06-0317-0096442-00

Particulars: Election

Code: Your surname

Reference: Your phone number

FOR RETURN PAYMENTS

Account name:	
Account number:	

Note: We no longer accept cash or cheque payments.

Note: For additional information, please refer to the Voting and results section of our Pukapuka Aratohu Kaitono | Candidate Handbook

