



NZKGI Regional Representative Nomination Form

REGIONAL REPRESENTATIVE NOMINATION OF CANDIDATE TO THE NZKGI FORUM

We, the undersigned, hereby nominate: _____

Full Name: _____

Address: _____

KPIN Ref: _____ Phone Number: _____

Fax Number: _____ Mobile Number: _____

Email Address: _____

As a candidate for the NZKGI Forum for the _____ region.

The candidate, nominator and seconder are required to have an orchard in this region.

Dated this day of 2020.

NOMINATOR	SECONDER
Full Name: _____	Full Name: _____
Address: _____ _____	Address: _____ _____
KPIN Ref: _____	KPIN Ref: _____
Signature: _____	Signature: _____

NOMINEE

I hereby consent to be nominated and agree to uphold NZKGI's Rules if elected.

(Full name of Candidate).....

(Signature of Candidate).....

If you need to know the region boundaries, would like a copy of NZKGI's rules or have any queries, please contact the NZKGI office on 0800 232 505 or e-mail info@nzkgi.org.nz.

Please forward completed form to:

Email
info@nzkgi.org.nz

Post
New Zealand Kiwifruit Growers Incorporated,
PO Box 4246,
Mount Maunganui South 3149