**NOMINATION OF CANDIDATE TO A NZKGI SUBCOMMITTEE**

**We, the undersigned, hereby nominate:**

**Full Name:**

**Address:**

**KPIN Ref:**  **Phone Number:**

**Fax Number:**  **Mobile Number:**

**Email Address:**

**As a candidate for the following NZKGI subcommittee**

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

**Dated this …………………**. **day of ……………………………… 2021.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |