



WHAKATĀNE-ŌHOPE GENERAL WARD NOMINATION PAPER



To: Electoral Officer, Whakatāne District Council
PO Box 5135, Victoria Street West, Auckland 1142

A. For the CANDIDATE to complete

I,	First names	Malcolm William	Surname	Whitaker
	Residential address	69 Harbour Rd. OHOPÉ 3121		

am eligible for election, and consent to this nomination. Under section 25 of the Local Electoral Act 2001, a candidate must be a parliamentary elector AND a New Zealand citizen. Proof of NZ citizenship is required. Section 61(2) requires a candidate to state whether their principal place of residence is in or out of the area they are standing in. Please tick in the boxes beside the statements below which apply to you and complete any other details that are applicable.

I confirm that:

I am a parliamentary elector at the residential address given above	<input checked="" type="checkbox"/>	AND	I am a New Zealand citizen by birth or citizenship ceremony	<input checked="" type="checkbox"/>
my principal place of residence is IN the Whakatāne-Ōhope General Ward area	<input checked="" type="checkbox"/>	OR	my principal place of residence is NOT IN the Whakatāne-Ōhope General Ward area	<input type="checkbox"/>
I wish my name to be shown on the voting document as (commonly known name if different to full name shown above)		MALCOLM WHITAKER		
I wish my affiliation to be shown on the voting document as (endorsement by a party/organisation/group - can be 'Independent' or left blank) You will need to provide a letter of consent to use an affiliation if anything other than 'Independent' or blank				
I am also a candidate seeking election to the following position(s)		COUNCILLOR FOR WHAKATĀNE/ŌHOPE		

I submit with this nomination:

\$200 deposit/ proof of deposit	<input checked="" type="checkbox"/>	proof of NZ citizenship (copy of passport, birth or citizenship certificate)	<input checked="" type="checkbox"/>	passport-size colour photo	<input checked="" type="checkbox"/>	profile statement	<input checked="" type="checkbox"/>	letter of consent to use affiliation (if applicable)	<input type="checkbox"/>
Signature of candidate		M W Whitaker		Date (dd/mm/yyyy)		14/7/2025			

B. For the TWO NOMINATORS to complete (Nominators must be electors on the electoral roll for the Whakatāne-Ōhope General Ward)

We, the undersigned electors of **Whakatāne-Ōhope General Ward**, nominate (enter candidate details):

Full name	MALCOLM WILLIAM WHITAKER
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with their consent, as a candidate for **Councillor** of the **Whakatāne-Ōhope General Ward** for the election to be held on Saturday 11 October 2025.

Dated at (location eg Whakatāne)	WHAKATĀNE	Date (dd/mm/yyyy)	14-07-2025
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NOMINATOR 1

NOMINATOR 2

Full name	Theodore ERROL Verstegen	Full name	MARIA INGRAM-READ
Residential address	156 Valley Rd WHK	Residential address	12 JAMES ST WHK
Signature of nominator	[Signature]	Signature of nominator	[Signature]

NOTE: All nomination material must be provided together, and must be in the hands of the electoral officer or an electoral official no later than **noon** on **Friday 1 August 2025**.

C. For the electoral officer/electoral official to complete

Received at (council office)	Time (eg 10.30am)	Date (dd/mm/yyyy)
Signature of electoral officer/electoral official		