



KVH Board Grower Member Nomination Form

To: **Returning Officer**
Kiwifruit Vine Health
PO Box 4246
Mount Maunganui South 3149

We the undersigned KVH Grower members* hereby nominate** and second the following candidate* for a KVH Grower Member position(s) on the Kiwifruit Vine Health Inc Board of Directors.

Full Name of Candidate: _____

Address: _____

Phone Number: _____ **Mobile Number:** _____

* Further to Rule 5.4(d) of the KVHI Rules, Grower Director Candidates must be Grower Members. Grower Members are as defined in 6.1 (a) of KVHI Rules.

** Nominations close at 5pm on 1 July 2024

Dated this day of 2024

| Nominator*** | Secunder*** |
|-------------------------|-------------------------|
| Full Name: _____ | Full Name: _____ |
| Address: _____ | Address: _____ |
| KPIN: _____ | KPIN: _____ |
| Signature: _____ | Signature: _____ |

*** The nominator and seunder must be KVH Grower members as defined in 6.1 (a) of KVHI Rules.

I hereby consent to be nominated.

(Full name of Candidate)

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(Signature of Candidate)

Under Rule 5.4(e) of KVHI Rules, before nominations are accepted by the Board, the nominee shall provide a list of all **interests** in the kiwifruit industry, both in New Zealand and elsewhere, on the form available from the Returning Officer. The information provided is made available to Members on request. Nominees also need to provide a one-page Bio, which will be circulated with voting papers. **Please forward completed forms to the Returning Officer**, Kiwifruit Vine Health Incorporated, PO Box 4246, Mount Maunganui South 3149 or email to info@kvh.org.nz or deliver to KVH, 25 Miro Street, Mount Maunganui by **5pm 1 July 2024**.