



# 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 on the Kiwifruit Vine Health Incorporated Board.

**Full Name of Candidate:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Mobile Number:** \_\_\_\_\_

\* Further to clause 8.7(c) of the KVH Constitution, Grower Director candidates must be Grower Members. Grower Members are defined in clause 5.4(a) of the KVH Constitution.

\*\* Nominations close at 5pm on 3 July 2026

Dated this ..... day of ..... 202

Nominator***	Secunder***
<b>Full Name:</b> _____	<b>Full Name:</b> _____
<b>Address:</b> _____ _____	<b>Address:</b> _____ _____
<b>KPIN:</b> _____	<b>KPIN:</b> _____
<b>Signature:</b> _____	<b>Signature:</b> _____

\*\*\* Further to clause 8.7(c) of the KVH Constitution, the nominator and seconder must be Grower Members. Grower Members are defined in clause 5.4(a) of the KVH Constitution.

I ..... hereby consent to be nominated.  
**(Full name of Candidate)**

.....  
**(Signature of Candidate)**

Under clause 8.7(d) of the KVH Constitution, 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. 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](mailto:info@kvh.org.nz) or deliver to KVH, 25 Miro Street, Mount Maunganui by **5pm 3 July 2026**