

RATEPAYER ELECTOR ENROLMENT FORM

This form must be used for every application for enrolment as a ratepayer elector.

INSTRUCTIONS

- 1 Make sure you have a copy of a recent **rates notice** before you begin, you will need to refer to it **where indicated***
- 2 Use the diagram to determine if you need to complete **Section A (the green section)** **OR Section B (the orange section)**.

For assistance phone: **0800 666 049**



Is your name the **ONLY** name listed on the rates notice*?
If yes, complete **SECTION A** below



Is your name **AND** others **OR** a company/firm/trust/society (etc) name listed on the rates notice*?
If yes, complete **SECTION B** overleaf

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|---------------------------------------|--|
| Complete this form electronically at: | www.electionz.com/ratepayers |
| Scan and email the paper form to: | nrr@electionz.com |
| Or, post the paper form to: | Ratepayer Elector Enrolments, PO Box 3138, Christchurch 8140 |

SECTION A Your name is the **ONLY** name listed on your rates notice*

A1 Please print the full address of the property you pay rates on as it appears on your rates notice.*

| | | | |
|--|--|------------|--|
| Flat/House or Rapid number (if rural address): | | | |
| Street/Road name: | | | |
| Suburb: | | Town/City: | |
| Valuation reference number as it appears on the rates notice* : | | | |

A2 Please print your full name and the address where you are currently enrolled as a parliamentary elector.

Note: You can check these details by calling the Electoral Commission on 0800 36 76 56 or by visiting: <https://enrol.elections.org.nz/app/enrol/#/check>

| | | | |
|--|--|------------|-----------|
| Your full name: | | | |
| Flat/House or Rapid number (if rural address): | | | |
| Street/Road name: | | | |
| Suburb: | | Town/City: | Postcode: |

A3 If your postal address is different to the address in A2 please provide it here.

| | | | |
|--|--|----------------------------|-----------|
| Flat/House or Rapid number (if rural address): | | PO Box/Private Bag number: | |
| Street/Road name: | | | |
| Suburb: | | Town/City: | Postcode: |

A4 Are you enrolled as a ratepayer elector for any other property? If yes, please provide those property details here.

| | |
|---|--|
| Full address of property/properties (<i>continue on a separate sheet if necessary</i>): | City or district council to which the application or nomination has been made: |
| | |
| | |

A5 Please sign/date and provide contact details.

We will only contact you if we have any queries relating to this enrolment.

By signing this enrolment form I declare that:

- I am a parliamentary elector on the: general roll / Māori roll (*tick one*);
- I am the **only person** named as owner in the district valuation roll and **only my name** is listed on the rates account for the property listed in **A1**;
- I have not enrolled as a ratepayer elector for any other property **OR** if I am enrolled, I have provided those details in **A4**; *and*
- The details given on this form are true and complete.

| | | | |
|---------|--|---------------|--|
| Signed: | | Date: | |
| Email: | | Phone number: | |

SECTION B**More than one name or a company/firm/trust/society (etc) name is listed on your rates notice***

IMPORTANT: PLEASE READ BEFORE COMPLETING THIS FORM. One of the persons named **OR** a representative of the company/firm/trust/society (etc) named on the rates notice, must nominate (the nominator) a person to act as nominee (voter) on behalf of all parties listed on the rates notice. This form must be signed by both the nominator and the nominee. The nominator and nominee can be the same person.

B1 Please print the full address of the property you pay rates on as it appears on your rates notice.*

| | | |
|--|--|------------|
| Flat/House or Rapid number (if rural address): | | |
| Street/Road name: | | |
| Suburb: | | Town/City: |
| Valuation reference number as it appears on the rates notice* : | | |

B2 Please print ALL of the persons named OR the company/firm/trust/society (etc) name, as it is shown on the rates notice*.**B3 Please print the name and residential address of the person who is being nominated to vote (the nominee) on behalf of those listed at B2.**

Note: These details should match the parliamentary electoral roll. You can check these details are correct by calling the Electoral Commission on **0800 36 76 56** or by visiting <https://enrol.elections.org.nz/app/enrol/#/check>

| | | | |
|--|--|----------------------------|-----------|
| Nominee's full name: | | | |
| Flat/House or Rapid number (if rural address): | | PO Box/Private Bag number: | |
| Street/Road name: | | | |
| Suburb: | | Town/City: | Postcode: |

B4 If the nominee's postal address is different to the address in B3 please provide it here.

| | | |
|--|--|-----------|
| Flat/House or Rapid number (if rural address): | | |
| Street/Road name: | | |
| Suburb: | | Postcode: |

B5 Is the nominee enrolled as a ratepayer elector for any other property? If yes, please provide those property details here.

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|---|--|
| Full address of property/properties (<i>continue on a separate sheet if necessary</i>): | City or district council to which the application or nomination has been made: |
| | |
| | |

B6 Details of all other properties for which other nominations have been made by the ratepayer(s) listed in B2

| | |
|---|--|
| Full address of property/properties (<i>continue on a separate sheet if necessary</i>): | City or district council to which the application or nomination has been made: |
| | |
| | |

B7 Please sign/date and provide contact details.

We will only contact you if we have any queries relating to this enrolment.

By signing this enrolment form I, as the nominator declare:

- I am eligible to make this nomination on behalf of the names listed in **B2**.
- The details given on this form are true and complete.

| | | | |
|---------|--|---------------|--|
| Signed: | | Date: | |
| Email: | | Phone number: | |

I, as the nominee named in B3, consent to this nomination.

- I am a parliamentary elector on the: **general roll** / **Māori roll** (*tick one*);
- The details given on this form are true and complete.

| | | | |
|---------|--|---------------|--|
| Signed: | | Date: | |
| Email: | | Phone number: | |