

Taise Ora, Tangata Ora Working Together for Better Biodiversity

NOMINATION FORM Biodiversity Hawke's Bay Incorporated Society Strategy Stewardship Group (SSG)

(Please complete ALL sections)

NOMINEE DETAILS

(Nominee to complete)

Mrs			
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Ms Surna	me or Family name	Christian name or first names	Known as
Dr			
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(and postal address		***************************************	****
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Mobile/Celiphone nu	mber: (678318	CUM CONT. Con Designated a ter-	
Email address: jamo	c@inacuationstrateau a	o.nz.	
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	Biological Heritage NS		
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Qualifications and work experience (include significant, work history, far management and covenanting) Governance of NSC and animal biosecurity organisation.	
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	NOMINEE DETAILS
	(Nonlinea to complete)
Are you in good physical health with sufficient time and energy to contri Stewardship Group (SSG) YES/NO	bute to the work of the Strategy
Do you authorise the information provided by you on this form to be see the AGM to vote on these positions? YES/NO	en or heard by those members that attend
Do you agree to the information provided by you on this form and any a this nomination) being released to any person who requests it under the Act? XESINO	accompanying information (in support of e Official Information Act and/or Privacy
Do you authorise Biodiversity Hawke's Bay to keep this form on a confinencess? YES/NO	4"
Are you a member of Biodiversity Hawke's Bay? YES/NO . (please note that to hold office as a Strategy Stewardship Group member representative of a non-individual member)	per, the individual must be a member or a
d, James Guilliam Buwalda declare that I am a fit and proper person a rules.	s required under our Incorporated Society
You can read our Incorporated Society Rules here:	
Date: .18./09./2024. Signature of nominee:	Chair OseRI Stakehokiere Cumul OseRI Stakehokiere Chair OseRI Stakehokiere Chair Cultural Committee (2014)
NOMINATOR TO COMPLETE	Library and standard a biological blanching the capability of the capability and standard the capability and standard the capability and standard the capability and capabi
Mr December Charles Ms Surname or Family name Christian name or first r Full Postal Address: 25 Karoda Plece	Havelock North
Name of organisation endorsing nomination, if applicable:	1 7 1
Date: 4, 10, 24 Signature of nominator.	Charles lees las