

## A - For the candidate to complete

**Important Note** – A file of candidate names, phone numbers and email addresses as provided in Section A will be made available from the DairyNZ website as soon as possible after nominations close to assist with election enquiries. Candidates not wanting their contact details included in that file should tick the box provided in Section A.

I (full name),			
the undersigned candidate being eligible for election, consent to my nomination for the office of member of the Directors' Remuneration Committee of DairyNZ, the election for which is to be held on Thursday, 17 October 2024.			
Address:			
Phone number(s):		Email:	
Availability of Candidate Contact Details:	<input type="checkbox"/> Tick this box if you DO NOT want the phone and email address provided in this section made available for election enquiries and published on the DairyNZ website until voting closes.		
I submit with this nomination (please tick appropriate circles):	<input type="radio"/> Director interest statement	<input type="radio"/> Profile statement	<input type="radio"/> Photo
<input type="radio"/> I confirm that I am a member (levy payer) of DairyNZ.			
<input type="radio"/> I confirm that I am aware of my responsibilities and obligations as a member of the Directors' Remuneration Committee.			
I wish my name to be shown on the voting paper as (Surname first, ie CITIZEN Joe – commonly known name or abbreviated name):			
Dairy processing company:		Supplier number:	
Signature of candidate:		Date:	

## B - For the nominators to complete

We, the undersigned milksolids suppliers, nominate:			
with his/her consent as a candidate for the Directors' Remuneration Committee of DairyNZ, the election for which is to be held on Thursday, 17 October 2024.			
<input type="radio"/> We confirm that we are milksolids suppliers to a New Zealand dairy processing company.			
<input type="radio"/> We believe that the candidate is qualified by virtue of their knowledge, experience, skills or qualifications.			
Full name of first nominator:			
Address:			
Dairy processing company:		Supplier number:	
Signature of first nominator:		Date:	
Full name of second nominator:			
Address:			
Dairy processing company:		Supplier number:	
Signature of second nominator:		Date:	

**Each nomination form must be in the hands of the returning officer by: 12 noon, Friday, 9 August 2024**

Deliver to: The Returning Officer DairyNZ 3/3 Pukaki Road Avonhead Christchurch 8042	<div style="background-color: #008000; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">OR</div>	Email to: <a href="mailto:nominations@electionz.com">nominations@electionz.com</a>
For assistance phone the election helpline: 0800 666 935		