

# TIROA E & TE HAPE B TRUSTS

# Nga Whenua o Rereahu

13 August 2025

To All Shareholders
TIROA E & TE HAPE B TRUSTS

#### **Annual General Meeting & Trustee Nominations**

Tiroa E & Te Hape B Trusts are calling for nominations to fill two vacancies.

Karyn Nathan retires by rotation and is eligible for re-election. Diane Crown retires by rotation and is eligible for re-election.

Please note the nominations close **4pm, Friday 17<sup>th</sup> October 2025**. The election will take place at the upcoming Annual General Meeting to be held Saturday 22<sup>nd</sup> November 2025.

Please find enclosed the following:

- 1. Notice of Annual General Meeting
- 2. Trustee Nomination Form
- 3. Trustee Appointment Preferred Criteria (on reverse of nomination form)
- 4. Shareholder Feedback Form
- 5. Education Grant Forms (Secondary and Tertiary)
- 6. Proxy Form/s

These documents are also available on the Trusts website: <a href="www.tiroatehape.maori.nz">www.tiroatehape.maori.nz</a> or copies can be obtained at the Trusts Head Office as per below. To streamline the registration process, please bring your shareholder card or have your shareholder number ready. Your assistance is greatly appreciated.

Please do not hesitate to contact me if you have any queries.

Heoi ano,

Sharon Williams,

**Senior Manager** 



# Notice Is Hereby Given of an Annual General Meeting for the Shareholders of Tiroa E and Te Hape B Trusts

## Date

Saturday 22 November 2025

## **Time**

10:00 am (Registrations commence 9:00 am)

## Venue

Benneydale Hall Maniaiti Road BENNEYDALE/MANIAITI

# **Please Note:**

- a) Proxy forms are to be deposited at the Office 48 hours (being Thursday 20 November 2025 —10am) before the meeting so they can be verified.
- b) One speaker with one vote per registered Whanau Trust



# TRUSTEE NOMINATION

# To be completed by both the nominator and nominee

Return completed form to: Trustee Elections Tiroa E & Te Hape B Trusts Tiroa House, 37-39 Taupiri Street PO Box 51 TE KUITI 3941

I, (Full Name)	
HEREBY NOMINATE  (Full Name)	
for the position of Trustee to Tiroa E and Te Hap	e B Trusts.
Signature (Beneficial Owner/Nominator):	
Name of Nominator (Full Name):	
Signature (Beneficial Owner/Seconder):  Name of Seconder ( <i>Full Name</i> ):  PLEASE NOTE: Both Trusts must be rep	resented between the Nominator and the Seconder
I, (Full Name)	
HEREBY ACCEPT the nomination	
Signature (Nominee):	
Name of Nominee (Full Name):	
Date:	Day Of 2025

Return this nomination form, together with a current summarised CV (1 page only) for the nominee to the address above before 4.00pm Friday 17 October 2025

NOTE: <u>All nominees must be present in person at the AGM</u> and prepared to address the meeting.



# **Preferred Criteria for Becoming a Trustee**

A board's success depends entirely on the people who sit around the board table and how they contribute their **skills** and **perspectives** to discussion and debate. The mix of Trustees should be one that gives the depth that is required to make good decisions for the future of the organisation.

There are rules and regulations as to whom can become a Trustee, however other than those rules we have a preferred criteria for becoming a Trustee as follows:

The preferred criteria for becoming a Trustee would be a person who:

- ❖ Is over 20 years of age.
- ❖ Is a descendant of Rereahu.
- Has no criminal conviction for fraud.
- ❖ Is not an employee of Tiroa E or Te Hape B Trusts.
- ❖ Has skills to contribute for the benefit of the Trusts. eg financial, investment, business management, Te Reo Maaori, marketing, product development and specialist skills such as agricultural, forestry, engineering etc.
- ❖ Personal Qualities Good written & verbal communication skills and able to work as part of a team to get an outcome. Clarity in debate, integrity & courage and be committed to the vision of the Trusts.
- ❖ Tikanga & Values an understanding of tikanga, whakapapa, Rereahutanga and cultural values.
- ❖ Time has the time to be able to give priority to preparation and attendance to the Trusts work.
- Own reliable transport, computer literate and can be contacted by phone/email.

## We ask that you:

- Supply a CV (1 page summary)
- List any criminal convictions that you may have.



# SHAREHOLDER FEEDBACK FORM

Suggestions / Compliments / Complaints

## Your feedback is important to us

Suggestions and compliments help us to know what we are doing right or where we can improve. Complaints are equally important, and we would like to know about anything that concerns you. We will address all feedback as soon as possible and you will be contacted within 20 working days. We will treat your feedback as confidential and will not be used for any other purpose.

Each year at the Annual General Meeting we receive verbal complaints which we would rather resolve prior so we can concentrate on the business of the meeting. We will not address any complaints that do not relate to the business of the meeting at any future Annual General Meetings or Special General Meetings.

To send your feedback, you can:

- Complete this form and hand it into the office (Tiroa House, 37 Taupiri Street, Te Kuiti)
- Email to: sharon@tiroatehape.maori.nz
- Mail this form to: Tiroa E & Te Hape B Trusts, PO Box 51, Te Kuiti

This feedback is a:   Sugges	stion   Compliment	☐ Complaint		
What is your feedback in relation too?				
Enquiries / Information	Governance	Website		
Administration	Trustees	Grants		
Employment	Dividends	Communications		
Financial	Farms	Other		
Details of Feedback/Issue (pleas				

If you are making a complaint	, please complete th	ne following:
Date of Occurrence:		
Name of area / staff member responsible	ble (if known):	
Have you previously contacted us abou	ut this issue: No / Yes	(please provide details)
Desired Action (what outcome are you	seeking?)	
Any other comments		
Your details:		
Name		Shareholder Number
Address		Phone Number
		Email
Signature	Date	

Note: Feedback is welcome at any time – you are required to use this form when submitting future feedback. If you would like a copy please contact the office or visit our website: <a href="www.tiroatehape.maori.nz">www.tiroatehape.maori.nz</a>



## **SECONDARY EDUCATION GRANTS 2026**

**CLOSING DATE: THURSDAY 2nd APRIL 2026** 

#### SECTION A APPLICATION CRITERIA

- 1. Applicants must be an Owner or a descendent of an Owner.
- 2. If your application is approved your name and the amount you receive will be made available as part of Tiroa E & Te Hape B Trusts financial accountability.
- 3. Approval of your application will be at the sole discretion of the Trustees.

### SECTION B APPLICATION GUIDELINES

Information must be verified by the school from which the information was issued.

The application must be signed by the owner who is applying or on behalf of the applicant. If you are applying on behalf of a niece, nephew, mokopuna or whangai, please supply as much whakapapa detail as possible for the applicant. If you are under 18 years of age this form must be counter signed by a parent or guardian.

Please direct any enquiries to Sharon Williams 07 878 8640 or sharon@tiroatehape.maori.nz

#### SECTION C IMPORTANT DATES

Applications MUST be received at the office of the Trusts no later than 4 pm Thursday 2<sup>nd</sup> April 2026.

Applicants will be notified by Friday 10<sup>th</sup> April 2026 regarding the outcome of their application and payments will be made following this notification.

### SECTION D RETURN ADDRESS FOR APPLICATIONS

Education Grants Tiroa E Trust PO Box 51 TE KUITI 3941

SECTION E GRANTS

Level	Value
Years 9-13	\$200

OFOTION 4 OTUDENT	DETAILO		
SECTION 1 STUDENT	DETAILS		
Surname:			
First Names:			
Shareholder Number			
Postal Address:			
Telephone Number:			
Mobile Number:			
Email Address:			
Relationship to Owner:	<ul><li>□ Self</li><li>□ Other (iramutu, mokopu</li></ul>	□ Child ına, whangai – must whakapapa t	☐ Grandchild to the Shareholder)

SECTION 2	FINANCIA	L DETAILS (P	Please	Attach Verifie	d Deposit S	Slip)
	Pay Studen	t (		Pay Parent		Pay School
Name of Acco	ount Holder:					
Bank Account	Number of					<b>-</b>
Note: If payi funds have b		School Bank A	Accou	nt, it is the res	ponsibility	of the Parent/s to ask the school where
SECTION 3	OWNERS	DETAILS				
Surname:						
First Names:	:					
Shareholder	Number					
Postal Addre	ess:					
Telephone N	lumber:					
Mobile Numb	ber:					
Email Addres	ss:					
SECTION 4	STUDY DI	ETAILS (Pleas	e Atta	ach Enrolment	Letter fron	n your school)
Name of Scho	ool:					
SECTION 5	DECLARA	TION				
	<b>9</b> )	application m	ay be	e cancelled (wi	thout right	pplication is true and correct and that my of review) if the information supplied is lue date.
	<b>9</b>	I consent to n	ny nar	me and education of the supplication of the su	on details b	eing made available to Tiroa E & Te Hape
	<b>9</b>	I consent to required cond	the te erning	rtiary institutior g my application	n with which n form to T	n I am enrolled releasing any information iroa E & Te Hape B Trusts in accordance
				B Trusts	contacting any third party to verify that and correct in accordance with the Privacy	
Signature of A	Applicant/Owr	ner:				
Signature of S	Student or Le	gal Guardian				
Date:						



## **TERTIARY EDUCATION GRANTS 2026**

**CLOSING DATE: THURSDAY 2nd APRIL 2026** 

### SECTION A APPLICATION CRITERIA

- 1. Applicants must be an Owner or a descendent of an Owner.
- 2. If your application is approved your name and the amount you receive will be made available as part of Tiroa E & Te Hape B Trusts financial accountability.
- 3. Approval of your application will be at the sole discretion of the Trustees.

### SECTION B APPLICATION GUIDELINES

Information must be verified by the tertiary provider from which the information was issued. Grants for part time tertiary students will be made on a pro rata basis.

The application must be signed by the owner who is applying or on behalf of the applicant. If you are applying on behalf of a niece, nephew, mokopuna or whangai, please supply as much whakapapa detail as possible for the applicant. If you are under 18 years of age this form must be counter signed by a parent or guardian.

Please direct any enquiries to Sharon Williams 07 878 8640 or sharon@tiroatehape.maori.nz

#### SECTION C IMPORTANT DATES

Applications **MUST** be received at the office of the Trusts no later than 4 pm Thursday 2<sup>nd</sup> April 2025.

Applicants will be notified by Friday 10<sup>th</sup> April 2026 regarding the outcome of their application and payments will be made following this notification.

## SECTION D RETURN ADDRESS FOR APPLICATIONS

Please return your application to: Education Grants Tiroa E Trust PO Box 51 TE KUITI 3941

## SECTION E GRANTS

Level	Value
Master or PhD	\$500
Postgraduate	\$500
Bachelors	\$500
Certificate or Diploma	\$300

SECTION 1 STUDENT	DETAILS
Surname:	
First Names:	
Shareholder Number	
Postal Address:	
Telephone Number:	
Mobile Number:	
Email Address:	
Relationship to Owner:	<ul> <li>□ Self</li> <li>□ Child</li> <li>□ Grandchild</li> <li>□ Other (iramutu, mokopuna, whangai – must whakapapa to the Shareholder)</li> </ul>

SECTION 2	FINANCIA	L DETAILS (Please Attach Verified Deposit Slip)
Name of Accou	ınt Holder:	
Bank Account I	Number:	00-000-0000-000
SECTION 3	OWNERS	DETAILS
Surname:		
First Names:		
Shareholder N	Number	
Postal Addres	ss:	
Telephone Nu	ımber:	
Mobile Numbe	er:	
Email Address	s:	
SECTION 4	STUDY DE	TAILS (Please Attach Enrolment Letter from your Tertiary Provider)
Tertiary Provide	er:	
Name of Cours	se:	
Full Time or Pa	art Time:	
SECTION 5	DECLARA	TION
		I certify that all information supplied in this application is true and correct and that my application may be cancelled (without right of review) if the information supplied is incomplete, inaccurate or not supplied by the due date.
		I consent to my name and education details being made available to Tiroa E & Te Hape
	9	B Trusts for use in any publication of the Trusts.  I consent to the tertiary institution with which I am enrolled releasing any information required concerning my application form to Tiroa E & Te Hape B Trusts in accordance
	<b>9</b>	with the Privacy Act 1993 and the Education Act 1989.  I consent to Tiroa E & Te Hape B Trusts contacting any third party to verify that information provided in this application is true and correct in accordance with the Privacy Act 1993.
Signature of Ap	oplicant/Own	er:
Signature of St	udent or Leg	gal Guardian
Date:		