

MEMBERSHIP FORM

Maori Kiwifruit Grower Entity Details

Entity Name	
Entity Type	
Entity Contact Name	
Entity Contact Role	
Entity Postal Address	
Entity Email Address	
Entity Phone Number	
Entity Chairperson Name	
Entity Chairperson Email Address	
<i>Tick this box to confirm you want to be added to the Maori Kiwifruit Growers Pānui List</i>	
Entity Chairperson Phone number	
Entity's nominated representative under clause 6.4(f)	

Other Entity Members

Use this section to identify the entity's governance members, administrator, secretary, orchard manager etc.

Name		Trust Role	
Email Address			
<i>Tick this box to confirm you want to be added to the Maori Kiwifruit Growers Pānui List</i>			
Phone			
Name		Trust Role	
Email Address			
<i>Tick this box to confirm you want to be added to the Maori Kiwifruit Growers Pānui List</i>			
Phone			
Name		Trust Role	
Email Address			
<i>Tick this box to confirm you want to be added to the Maori Kiwifruit Growers Pānui List</i>			
Phone			
Name		Trust Role	
Email Address			
<i>Tick this box to confirm you want to be added to the Maori Kiwifruit Growers Pānui List</i>			
Phone			

Maori Kiwifruit Grower Orchard Details

KPIN	Orchard Name	Orchard Address	
Orchard Manager		Post-Harvest Entity	

Please turn over to the next page and finish completing the membership form

Maori Kiwifruit Grower Orchard Details cont.

KPIN	Orchard Name	Orchard Address
Orchard Manager		Post-Harvest Entity

KPIN	Orchard Name	Orchard Address
Orchard Manager		Post-Harvest Entity

KPIN	Orchard Name	Orchard Address
Orchard Manager		Post-Harvest Entity

KPIN	Orchard Name	Orchard Address
Orchard Manager		Post-Harvest Entity

Eligibility as a Maori Kiwifruit Grower

Tick to confirm which option applies

The applicant is a natural person of Maori descent

The applicant is an unincorporated collective of natural persons, a majority of whom are of Maori descent

The applicant is a trust or incorporation that holds or administers Maori land

The applicant is a company, partnership, limited partnership, trust or other entity in which persons of Maori descent

- a) control the composition of the board of governors or office holders; or
- b) are in a position to exercise, or control the exercise of, more than one-half of the voting rights; or
- c) hold more than one-half of the shares or ownership interests; or
- d) are entitled to receive more than one-half of the dividends or distributions

Participation in the Kiwifruit Industry

Tick to confirm which option applies

The applicant is a Maori Grower that is

- a) the registered owner as shown on the Certificate of Title of land on which Kiwifruit is grown and from which Kiwifruit is submitted to an Exporter for Export; or
- b) the registered owner as shown on the Certificate of Title of land on which Kiwifruit has been grown in a prior season and from which Kiwifruit would have been submitted to an Exporter for Export, except for the existence of vine disease or the grafting of a new variety onto existing rootstock, or the incidence of an adverse weather event or other act of God; or
- c) the registered owner as shown on the Certificate of Title of land on which Kiwifruit is grown and from which Kiwifruit would have been submitted to an Exporter for Export but for the fact that the Kiwifruit vines grown on the land have not yet produced their first crop; or
- d) a person that derives business income from producing Kiwifruit for Export and holds title to Kiwifruit that is submitted to an Exporter for Export

OR

The applicant is a Maori Participant that has an interest in the Kiwifruit Industry but is not a Maori Grower.

Permission

The applicant gives permission to Maori Kiwifruit Growers Forum Incorporated to access the applicants' information held by Zespri International, relating to the KPINs outlined in this document only, for the purposes of verifying orchard information and confirming productivity for region setting purposes, regional representation allocation and voting rights.

Declaration as to truth

I hereby declare that I have read and understood this Membership Application Form and that the contents of this completed Membership Application Form are true and correct to the best of my knowledge and belief.

Name

Signed

Date

Please return completed form to: info@maorikiwifruitgrowers.com or
Attn: Hannah Jones, Maori Kiwifruit Growers Forum Inc, C/- Zespri International Lt PO Box 4043, Mt Maunganui 3149