

# Morikaunui Incorporation

## Instructions, Update, Attendance, Proxy and Voting Forms.

Name:

Shareholder no. \_\_\_\_\_

Address:

No. of shares: \_\_\_\_\_

*(Office to complete if necessary)*

### Kia ora

Please find enclosed the Annual Report for 2018 including the Notice of Meeting and the other documentation required for your participation in the forthcoming AGM.

Included are: (i) an Attendance form containing a Kaumatua koha claim section; and (ii) a Proxy form with a Voting/Postal Vote form on the reverse side. Please use one or the other of the latter, not both.

If you need any extra documentation for family or friends whose addresses we don't have, go to our website [www.morikau.com](http://www.morikau.com) and click on the Panui section from where the Annual Report and all the required documentation can be downloaded.

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### Update Details

If there is any error in our information please correct it on this form. If you haven't received your AGM pack it will be because we don't have your contact details. Please complete the information below.

#### Shareholder name:

If a Trust, names of Trustees: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New address: \_\_\_\_\_

\_\_\_\_\_

Additional information *(Please update if necessary)*:

Bank A/c:

IRD No.

# Morikaunui Incorporation

## ATTENDANCE FORM / KAUMATUA KOHA CLAIM FORM

(To be handed in at the meeting by ALL attendees)

### RECORD OF ATTENDANCE

Shareholder name:

S/hldr No:                      Proxy (if applicable): \_\_\_\_\_

### **Kaumatua koha (to be paid by Direct Credit) – Complete prior to the meeting**

*(For those attending who were born on or before 1<sup>st</sup> November 1958.)*

Shareholder name:

Date of birth: \_\_\_\_\_

Bank A/c No: \_\_\_\_\_

I hereby declare that this is my birth date and bank account number. *(See below in the case of Trust beneficiaries.)*

Signed: .....

### **BENEFICIARIES OF TRUSTS (USE ONLY IF CLAIMING THE KAUMATUA KOHA)**

Beneficiaries of Trusts over 60 years of age and attending the AGM qualify for the Kaumatua koha. The names of ALL those claiming the Koha must be entered below and signed by a Trustee of the trust.

**Name of beneficiary** *[to be completed and signed by Trustee.]*

**Date of birth**

**Bank Account details**

Name of beneficiary <i>[to be completed and signed by Trustee.]</i>	Date of birth	Bank Account details

I, \_\_\_\_\_ that I am a duly authorised Trustee of the above Trust hereby and hereby confirm that the *[provide & initial number]* \_\_\_\_\_ names above are all beneficiaries of the Trust and were born on or before the 1st of November 1958.

Signed: \_\_\_\_\_ (authorising Trustee)

**Te Ture Whenua Māori Act 1993**  
**Morikaunui Incorporation ("Morikau")**  
**Appointment of Proxy**

Shareholder No:

No. of shares:

**IN THE MATTER** of a general meeting of the shareholders of Morikau to be held at the Racecourse, Whanganui on Wednesday 7<sup>th</sup> November 2018 and any adjournment of that meeting I

\_\_\_\_\_ (owner) / (authorised person for)

\_\_\_\_\_ of Morikau shares **DO HEREBY APPOINT** as my proxy

(see below)

(i) the Secretary or nominee (**to vote only as directed below**) **OR**

(ii) \_\_\_\_\_ **or** in his/her absence **OR**

(iii) \_\_\_\_\_

to vote (unless directed below) for or against the resolutions listed as they think fit at the above meeting and any adjournment thereof. (**Note:** Proxy appointees must get a voting form at the meeting.)

Please refer to the full resolutions set out in the Notice of Meeting. <b>Note:</b> the Secretary or nominee will only vote <u>directed proxies</u> .		Yes	No
		One tick/line	
Item 9	That Balance Chartered Accountants be re-appointed as Valuers.		
Item 10	That the CoM recommended \$3.00/share dividend be approved.		
Item 11	That a Kaumatua grant of \$50 be authorised.		
Item 12	That a payment to The Whanganui Trust of \$12,500 and Scholarship payments of up to \$10,000 be authorised.		

**Dated this** \_\_\_\_\_ **day of** \_\_\_\_\_ **2018.**

**Signed by :** \_\_\_\_\_

Owner/Authorised person

**In the presence of:**

**Signature of Witness:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Note:** The Proxyholder must get a voting form at the meeting to be able to exercise the proxy.

Any person of full age and capacity [other than a member of the committee of management (CoM) or a person who has consented to be nominated as a member of the CoM] may be appointed as the proxy of a shareholder.

**NOTE** – The proxy form when completed must be lodged at the office of the incorporation (16 Bell St, Whanganui) not later than 48 hours before the meeting being 10:00am on 5 November 2018. Post: FreePost Number 213929, The Office Manager, Morikaunui Incorporation, PO Box 4035, Whanganui 4541 or email to proxy@morikau.com

**Te Ture Whenua Māori Act 1993**  
**Morikaunui Incorporation ("Morikau")**  
**Postal Vote or Meeting Voting Form**

**[This form is to be used as a Postal Vote OR for a Meeting Poll Vote, if called.]**

*(Complete only one side of this sheet.)*

**Shareholder No:**

**No. of shares:**

**IN THE MATTER** of a general meeting of the shareholders of Morikau to be held at the Racecourse, Whanganui on Wednesday 7<sup>th</sup> November 2018 and any adjournment of that meeting I,

\_\_\_\_\_ (owner) / (authorised person for) \_\_\_\_\_

in Morikau **DO HEREBY VOTE** as follows:

Please refer to the full resolutions set out in the Notice of Meeting. <b>Note:</b> the Secretary or nominee will only vote <u>directed proxies</u> .		<b>Yes</b>	<b>No</b>
		<i>One tick/line</i>	
Item 9	That Balance Chartered Accountants be re-appointed as Valuers.		
Item 10	That the CoM recommended \$3.00/share dividend be approved.		
Item 11	That a Kaumatua grant of \$50 be authorised.		
Item 12	That a payment to The Whanganui Trust of \$12,500 and Scholarship payments of up to \$10,000 be authorised.		

**Dated this** \_\_\_\_\_ **day of** \_\_\_\_\_ **2018.**

**Signed by :** \_\_\_\_\_

Owner/Authorised person

**NOTE:** THIS ONLY NEEDS TO BE WITNESSED AS A POSTAL VOTE.

**In the presence of:**

**Signature of Witness:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postal Vote Notes:**

1. A Postal Vote may be cast on any or all of the proposed resolutions to be voted on at the meeting by specifying above the manner in which the shares are to be voted.
2. The Secretary is the person authorised to receive and count Postal Votes for the meeting of shareholders.
3. To be counted, all Postal Votes must have been received in the office (16 Bell St, Whanganui) no later than 10:00am on 5 November 2018.
4. Shares voted by Postal Vote do not count towards the shareholder meeting quorum requirements.

The address to which the Postal Votes should be sent (in the envelop enclosed, indicating that it is a Postal Vote), is: FreePost Number 213929, The Secretary, Morikaunui Incorporation, PO Box 4035, Whanganui 4541