

Imported Motor Vehicle Industry Association Incorporated 501 Mt Wellington Highway, Mt Wellington 1060, P O Box 14-143 Panmure 1741, Auckland. Tel: +64 9 573 3058 Freephone: 0800 O IMVIA (0800 046 842) Fax: +64 9 573 3062 Website: www.imvia.co.nz Email: info@imvia.co.nz

## NOMINATION FORM SOUTH ISLAND COMMITTEE 2016/2017

To be held at the South Island Branch AGM In Christchurch Tuesday 30<sup>th</sup> May 2017

I hereby nominate:

| [Write in the name of the person you nomina                                 | te]                |   |
|---|--------------------|---|
| The Authorised Representative of:   |                    |   |
| [Trading or Company Name of IMVIA membe                                     | r]                 |   |
| Signature of Nominated Person   |                    |   |
| for election to the North Island Committee, to represent the area of:       |                    |   |
| [Refer to Notice of Motion re name of areas]                                |                    |   |
| Signed by:  | Seconded by:       |   |
| Signature: [Authorised Representative]Signature:[Authorised Representative] |                    |   |
| Please print name:  | Please print name: | - |
| Membership Name:  | Membership Name:   | _ |