

The Incorporated Societies Act  
Application for  
**INCORPORATION OF  
SOCIETY**  
(Section 7(a))



\*10031291698\*

(for office use only)

Please note that the information in this form should be either typewritten or printed or neatly handwritten in block capitals

61

When completing this form, please refer to notes overleaf

Name of Proposed Society

Cook Islands Health Network  
Association (NZ) Incorporated

Name Reservation Number

1039257.

Proposed Address of Registered Office

26 Chilcott rd  
Henderson  
Auckland

Postal Address to which Communications from the Registrar may be sent

c/- 26 Chilcott rd  
Henderson  
Auckland

We, the several persons whose names are subscribed hereto, being members of the above-mentioned society, hereby make application for incorporation of the society under the rules accompanying this application, in accordance with the Incorporated Societies Act 1908

Presented by

Maire N ANDREW

Account No

Postal Address

26 Chilcott rd.  
Henderson  
Auckland

Telephone

(09) 8375903  
(09) 839 0000 X6004

Facsimile

BUSINESS & REGISTRIES  
BRANCH, AUCKLAND

24 MAY 2000

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## NOTES

### NAME OF PROPOSED SOCIETY

Enter here the name of the society exactly as it is shown in the Notice of Reservation of Name from the Registrar of Incorporated Societies

### NAME RESERVATION NUMBER

Enter here the number issued to you in the Notice of Reservation of Name BUT DO NOT include the suffix eg (instead of 654321/LO/18/1 enter 654321 only)

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### PROPOSED ADDRESS OF REGISTERED OFFICE

This should be an actual place, not a Post Office, Private Bag, or DX Number

If it is to be at the office of a professional firm, or any other person, then state that it is at the office of that firm or person and enter details of the location of that office in the building. If it is to be at some location in a building occupied by persons other than the society, then enter details of its location in that building.

If the building has a name it should be stated, and if it has more than one floor, or is made up of suites of offices then the floor and/or suite number should be included.

If the registered office is to be in a rural area, then the number, name of the road and Rural Delivery number should be entered. The Rural Delivery number by itself is not enough.

#### Examples of Acceptable Addresses

c/ Abacus & Digit Chartered Accountants Suite 6, Fourth Floor Tall Building 42-66 Long Street WELLINGTON	Suite 6 Fourth Floor Tall Building 42-66 Long Street WELLINGTON	60 Long Road Papakura AUCKLAND	60 Long Road Karakā R D 1 Papakura AUCKLAND
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### PRESENTED BY/POSTAL ADDRESS

Enter here the name and address of the person or firm that will present this application and associated documents for registration. The Companies Office will send the society's Certificate of Incorporation to this address. If an agent is to be used the agent's details should be entered here.

### ACCOUNT NUMBER/TELEPHONE/FACSIMILE

The Companies Office has issued an account number to professional firms and persons who regularly present documents for registration. This facilitates the issue of receipts for fees and written advice of registration. If you have an account number please enter it here.

An extension number and/or contact name may be included under "telephone".

---

Ring



COMPANIES OFFICE

The Incorporated Societies Act 1908  
Declaration of

Document Number

[Empty box for Document Number]

# ADOPTION, ALTERATION OF RULES

(Section 7 (b) and 21)

Please note that the information in this form should be either  
typewritten or printed or neatly handwritten in block capitals  
When completing this form, please refer to notes overleaf

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BUSINESS & REGISTRIES  
BRANCH, AUCKLAND

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This form can be obtained from our website at [http //www.companies.govt.nz](http://www.companies.govt.nz)

Society Name

Cook Islands Health Network Association  
(NZ) Incorporated

Society Number

[Empty box for Society Number]

I, MAINE NEATOKORUA ANDREW  
of 26 Chilcott rd, Henderson, Auckland

do solemnly and sincerely declare as follows

- That I am\* a member of/~~the Solicitor~~ to the abovenamed Society
- That annexed hereto and marked with the letter "A" is/are -
  - \*(a) the rules, signed or sealed, which have been adopted by the society, a majority of whose members have consented to the application for incorporation, or
  - \*(b) ~~the alteration of rules of the society, which alteration has been made in accordance with the rules of the society~~
- That the rules comply with section 6 of the Incorporated Societies Act 1908

And I make the solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths and Declaration Act 1957

Declared at AUCKLAND )  
 this 18<sup>th</sup> )  
 day of MAY )  
 Year 2000 before me )

*Paul Wain*

BUSINESS & REGISTRIES  
BRANCH, AUCKLAND

18 MAY 2000

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A Solicitor, Justice of the Peace or other person authorised to take a Statutory Declaration

Presented by  
Postal Address

MAINE N ANDREW  
26 Chilcott rd.  
Henderson  
AUCKLAND

Account No  
Telephone  
Facsimile

[Empty box for Account No]

8375903

[Empty box for Facsimile]

\*Delete whichever is not applicable



# APPLICATION FOR INCORPORATION

Name of Proposed Secretary Cook Islands Health Network Association  
(NZ) Incorporated

APPLICANTS The following person are the applicants of the proposed society

APPLICANT		WITNESS*	
1	Full Name <u>EURENIELA TAI TURIA</u> Residential Address <u>5 IXIA PLACE</u> <u>WIRI MANUKAU</u> Occupation <u>CIVIL SERVANT</u> Signature <u>[Signature]</u>	Full Name <u>DEBORAH JULIAN AMOS</u> Residential Address <u>UNIT 9, 13 WATSON AVE</u> <u>SANDRINGHAM</u> Occupation <u>NURSE</u> Signature <u>[Signature]</u>	
2	Full Name <u>Rahui Tepapa David</u> Residential Address <u>32 Cottingham Cross, Mairangi</u> <u>AUCKLAND</u> Occupation <u>Educator/Counselor</u> Signature <u>[Signature]</u>	Full Name <u>DEBORAH JULIAN AMOS</u> Residential Address <u>UNIT 9, 13 WATSON AVE</u> <u>SANDRINGHAM</u> Occupation <u>NURSE</u> Signature <u>[Signature]</u>	
3	Full Name <u>Korongo Strickland</u> Residential Address <u>38 Seddon Ave</u> <u>Papatoetoe</u> Occupation <u>Community Sup Worker</u> Signature <u>[Signature]</u>	Full Name <u>DEBORAH JULIAN AMOS</u> Residential Address <u>UNIT 9, 13 WATSON AVE</u> <u>SANDRINGHAM</u> Occupation <u>NURSE</u> Signature <u>[Signature]</u>	
4	Full Name <u>KURA MATENGA</u> Residential Address <u>2/87 Jellicoe Rd</u> <u>MANUREWA</u> Occupation <u>Health Educator</u> Signature <u>[Signature]</u>	Full Name <u>DEBORAH JULIAN AMOS</u> Residential Address <u>UNIT 9, 13 WATSON AVE</u> <u>SANDRINGHAM</u> Occupation <u>NURSE</u> Signature <u>[Signature]</u>	
5	Full Name <u>CHARLIE WILLIAMS</u> Residential Address <u>4 RANUI STATION RD</u> <u>RANUI</u> Occupation <u>SOCIAL WORKER</u> Signature <u>[Signature]</u>	Full Name <u>DEBORAH JULIAN AMOS</u> Residential Address <u>UNIT 9, 13 WATSON AVE</u> <u>SANDRINGHAM</u> Occupation <u>NURSE</u> Signature <u>[Signature]</u>	
6	Full Name <u>Vaine Tunuma Joseph</u> Residential Address <u>2/158 FINLAYSON AVE</u> <u>MANUREWA</u> Occupation <u>Community Health Worker</u> Signature <u>[Signature]</u>	Full Name <u>DEBORAH JULIAN AMOS</u> Residential Address <u>UNIT 9, 13 WATSON AVE</u> <u>SANDRINGHAM</u> Occupation <u>NURSE</u> Signature <u>[Signature]</u>	
7	Full Name <u>Metukore Fongisila</u> Residential Address <u>3 Sunningdale Street</u> <u>Wattle Downs, Manurewa</u> Occupation <u>Manager</u> Signature <u>[Signature]</u>	Full Name <u>DEBORAH JULIAN AMOS</u> Residential Address <u>UNIT 9, 13 WATSON AVE</u> <u>SANDRINGHAM</u> Occupation <u>NURSE</u> Signature <u>[Signature]</u>	
8	Full Name <u>Maime ANDREW</u> Residential Address <u>26 Chilcot rd</u> <u>Henderson</u> Occupation <u>Home Executive</u> Signature <u>[Signature]</u>	Full Name <u>Teheni Tau</u> Residential Address <u>6 App Pl, Manurewa</u> Occupation <u>Happy Tutor</u> Signature <u>[Signature]</u>	
9	Full Name <u>Teiho Tengaru</u> Residential Address <u>52 Strong St</u> <u>St Johns Auckland</u> Occupation <u>Teacher</u> Signature <u>[Signature]</u>	Full Name <u>MEMORY KIMORA PEU</u> Residential Address <u>94 TANIWHA ST</u> <u>CLIFF INNES, AUCK</u> Occupation <u>HOUSE WIFE</u> Signature <u>[Signature]</u>	
10	Full Name <u>Pareu Tengaru</u> Residential Address <u>52 Strong St</u> <u>St Johns Auckland</u> Occupation <u>Student</u> Signature <u>[Signature]</u>	Full Name <u>MEMORY KIMORA PEU</u> Residential Address <u>94 TANIWHA ST</u> <u>CLIFF INNES, AUCK</u> Occupation <u>HOUSE WIFE</u> Signature <u>[Signature]</u>	
11	Full Name <u>Temata Pita</u> Residential Address <u>256 Kanama Rd</u> <u>MT Wellington Auckland</u> Occupation _____ Signature <u>[Signature]</u>	Full Name <u>MEMORY KIMORA PEU</u> Residential Address <u>94 TANIWHA ST</u> <u>CLIFF INNES, AUCK</u> Occupation <u>HOUSE WIFE</u> Signature <u>[Signature]</u>	
12	Full Name <u>TEIHO TENGARU</u> Residential Address <u>52 STRONG ST,</u> <u>ST JOHNS AUCKLAND</u> Occupation <u>EDUCATOR</u> Signature <u>[Signature]</u>	Full Name <u>MEMORY KIMORA PEU</u> Residential Address <u>94 TANIWHA ST</u> <u>CLIFF INNES, AUCK</u> Occupation <u>HOUSE WIFE</u> Signature <u>[Signature]</u>	
13	Full Name <u>Teheni Tau</u> Residential Address <u>6 App Pl, Manurewa</u> Occupation <u>Happy Tutor</u> Signature <u>[Signature]</u>	Full Name <u>Lina Teuring</u> Residential Address <u>2 Chadwick Cross</u> <u>Manurewa</u> Occupation _____ Signature <u>[Signature]</u>	
14	Full Name <u>Lina Teuring</u> Residential Address <u>2 Chadwick Cross</u> <u>Manurewa</u> Occupation _____ Signature <u>[Signature]</u>	Full Name <u>MEMORY KIMORA PEU</u> Residential Address <u>94 TANIWHA ST</u> <u>CLIFF INNES, AUCK</u> Occupation <u>HOUSE WIFE</u> Signature <u>[Signature]</u>	
15	Full Name <u>Maime Tau Pita</u> Residential Address <u>4 App Pl, Manurewa</u> Occupation _____ Signature <u>[Signature]</u>	Full Name <u>Lina Teuring</u> Residential Address <u>2 Chadwick Cross</u> <u>Manurewa</u> Occupation _____ Signature <u>[Signature]</u>	

Dated this 18th day of MAY 2000

\*A person who is an applicant cannot be witness to other applicants

"A"

# COOK ISLANDS HEALTH NETWORK ASSOCIATION (NZ) INCORPORATED

BUSINESS & REGISTRIES  
BRANCH, AUCKLAND  
18 MAY 2000  
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This is the document marked "A" referred to in the annexed declaration of the <sup>MAMIE</sup> ~~Cook Islands Health Network Association (NZ) Incorporated~~ <sup>NGARIKORUA</sup> made at <sup>ANDREW</sup> ~~Auckland~~ this 18<sup>th</sup> day of ~~MAY~~ 1997 ~~2000~~



*Murphy*  
A Solicitor of the High Court of New Zealand

# A GENERAL

## 1 NAME

The name of the Association shall be the "Cook Islands Health Network Association (NZ) Incorporated"

## 2 INTERPRETATION

Unless the context otherwise requires

- AGM - shall mean the Annual General Meeting of the Association
- FINANCIAL MEMBER - is a person who has paid his or her annual subscription in accordance with the conditions as laid down by the Auckland office
- AUCKLAND OFFICE - shall mean the registered office of the Association situated at such place as the Association may from time to time determine
- OFFICERS OF THE ASSOCIATION - shall mean the President, Vice President, Secretary, Assistant Secretary, Treasurer, Assistant Treasurer
- EXECUTIVE - The above (officers of the association), plus nominated Committee members will form the executive committee

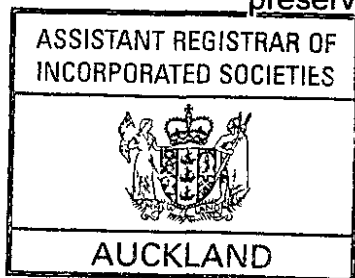
## 3 MISSION STATEMENT

The Cook Islands Health Network Association (NZ) exists to represent the health care interests of Cook Islands people in New Zealand by promoting health and wellbeing, contributing to and participating in health development in New Zealand

## 4 PHILOSOPHY

The Cook Island Health Network Association

- 4.1 Believes that the Cook Islands culture and tradition must be preserved in all that we do



- 4 2 Believes in the holistic concept of health and well-being
- 4 3 Believes that health care must be acceptable, affordable, and accessible to consumers
- 4 4 Believes that all individuals have the right make informed decisions regarding their own health care
- 4 5 Believes that all individuals have the right to information necessary for informed consent
- 4 6 Believes that all individuals have the right to freedom of expression in speech, culture or actions with consideration to others
- 4 7 Believes that all individuals have the right to be respected regarding their beliefs and values
- 4 8 Acknowledge and respect the status of tangata whenua of New Zealand

5 AIMS AND OBJECTIVES

- 5 1 To identify the need for and to establish Cook Islands healthcare services within New Zealand
- 5 2 To nurture and actively promote pride in, and the use of the Cook Islands language and culture in our services
- 5 3 To achieve recognition as an organised body and to have a voice in health-related issues and policy-making at all levels
- 5 4 To initiate effective communication between the Cook Islands community and Health Services
- 5 5 To promote and ensure culturally sensitive delivery of healthcare to the Cook Islands community
- 5 6 To encourage autonomous responsibility in Cook Islands people in achieving their optimum level of health through informed decision-making

**B MEMBERSHIP AND SUBSCRIPTIONS**

6 MEMBERS

Membership shall be granted on approval by the Executive Committee





Application for membership must be made in writing to the Association Secretary

Payment of a subscription can be made once approval is received from the Executive Committee

7 RIGHT AND RESPONSIBILITIES

Members shall be responsible for and have the right to

- attend meetings
- propose motions
- stand for office
- nominate or cast votes on members for office
- act as delegates or representatives of the association (only on approval from the Executive Committee)
- withdraw membership if they so desire

8 SUBSCRIPTION

Association members shall pay an annual subscription of \$10 00 or such other amount set at the AGM

All subscriptions shall be paid within the first three months of the Association's financial year

9 TERMINATION OF MEMBERSHIP

9 1 Any member who wishes to withdraw from the Association shall do so giving four weeks notice in writing to the Association Secretary

9 2 The Executive Committee may terminate the membership or suspend from the Association any member whose conduct either in or out of the Association is deemed by it, after suitable enquiry, to be injurious to the character and interests of the Association

C. GOVERNMENT OF THE ASSOCIATION

10 STRUCTURE OF THE ASSOCIATION

10 1 The Executive Committee of the Association shall be the

- President
- Vice President
- Secretary
- Assistant Secretary
- Treasurer



Assistant Treasurer  
Committee Members

(Committee members shall be elected from the Association's financial members, the number to be determined by the Association )

- 10 2 Elections shall be held as determined by the Association
- 10 3 The term of office for members of the Executive Committee shall be one year with no limit on re-election
- 10 4 The Association shall meet monthly to conduct their affairs
- 10 5 The Executive Committee shall meet as often as necessary to discuss the implementation of the Association decisions and to make management decisions
- 10 6 The President (or the Vice President in his/her absence) of the Association shall chair all meetings In the absence of both these persons, the President should delegate a member from the Executive Committee to be the interim Chairperson for that meeting
- 10 7 The Treasurer shall keep an accurate record of all the Association's financial transactions, receive all money on behalf of the Association, deposit such money to the approved bank account in the name of the Association
- 10 8 All accounts incurred by the Association shall be passed for payment by the Executive Committee and paid by cheque

11 GENERAL (MONTHLY) MEETING

- 11 1 The agenda for every general (monthly) meeting, shall be prepared by the Secretary or Assistant Secretary and forwarded to members at least seven days in advance
- 11 2 Members shall be summoned to General (monthly) meetings by post and/or telephone giving at least one week's notice

12 ANNUAL GENERAL MEETING

12 1 An Annual General Meeting shall be held in November of each year

12 2 The agenda for Annual General Meetings must be prepared by the Secretary or Assistant Secretary and forwarded four weeks in advance of the meeting Members will be notified by post and/or telephone



- 12 3 A report of the proceedings of the Association during the year is prepared by the President
- 12 4 The audited balance sheet and statement of income and expenditure for the year is prepared by the Treasurer or Assistant Treasurer
- 12 5 The officers for the next term are elected
- 12 6 Any other business which concerns the Association is discussed
- 12 7 Any general business is accepted by permission of the majority of those present

13 SPECIAL (EMERGENCY) MEETING

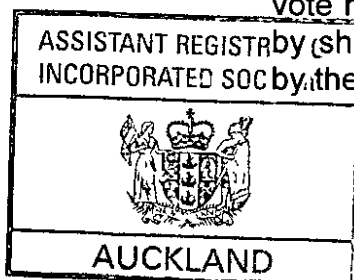
- 13 1 A Special General Meeting may be called by the President or any group of members equivalent to fifty percent (50%) or more of the total membership of the Association
- 13 2 Written notice of the request for a Special (Emergency) Meeting stating the nature of the business to be transacted shall be given to the President who shall, within two weeks of receiving such notice, call a Special (Emergency) Meeting Each member of the Association shall be given at least one week's notice of the date, place and business of such a meeting Notice shall be given by post, and/or telephone

14 QUORUM

- 14 1 Ten (10) members present at the Annual General of the Association shall constitute a quorum, provided HOWEVER that in the event of a quorum not being achieved the meeting shall be adjourned for seven (7) days and reconvened Whoever attends the reconvened meeting shall constitute a quorum
- 14 2 The quorum for any meeting of the Association, other than the AGM, shall be five members

15 DECISION-MAKING

- 15 1 Decisions shall be, where possible, made by consensus
- 15 2 Voting shall take place when consensus is not possible Such vote must be two-thirds majority of members present Voting is by show of hands unless another mode of voting is prescribed by the Chairperson



- 15 3 Any non-member may attend Association meetings and, with the permission of the Chairperson, speak but shall have no vote
- 15 4 The Chairperson of any meeting shall, if there be an equality of votes, have a casting vote or votes which he/she may be entitled to execute

## D. ADMINISTRATION MATTERS

### 16 COMMON SEAL

There shall be a Common Seal of the Association which shall be kept in the custody of the Secretary and such Common Seal shall not be affixed to any document, except by authority of a resolution of the Annual General Meeting or of the Association

Every document to which the Common Seal shall be affixed, shall be signed by the President and one member of the Association

### 17 AMENDMENTS TO CONSTITUTION

These rules and regulations may be altered, added to, or rescinded, or otherwise amended by a resolution in writing passed at an Annual General Meeting by a majority of the financial members present

### 18 BANK ACCOUNTS

Signatories for the Association's bank accounts will consist of the Treasurer, President and a member of the Executive with two signatures only required for transactions

### 19 DISSOLUTION

The Association may decide to be dissolved on a majority vote of financial members present at a Special Meeting called for this purpose, provided that all members have been given thirty days written notice of such a notice of motion and the disposal of assets is to be decided at this meeting subject to the payment thereout of the debts and liabilities of the Association

### 20 AUDITOR

20 1 All accounts shall be audited and certified annually at any reasonable time by an auditor who shall be appointed at each Annual General Meeting of the Association

He/she shall not be a member of the Executive Committee



20 3 He/she shall have access to all Association books, records and accounts



Incorporated this <sup>24</sup> day of *May* 2000  
*Ullharaka*  
Assistant Registrar of Incorporated Societies