

U.W.I. CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

NOMINATION FORM

Nominees are advised to complete the entire form in legible letters. You are also required to complete the Personal Data Sheet attached and make the Declaration at the end of the sheet by signing and dating the Declaration. Additional information may be attached if necessary.

Nominee Full Name: _____

(BLOCK LETTERS)

U.W.I.CU Member A/C#: _____ Date of Birth: _____ Date Joined: _____

Mailing Address: _____

Occupation: _____ Contact No(s): _____

Email Address: _____

Place of Employment (*if self-employed, please state*): _____

Address: _____

NOMINATION

Nominator: I _____

(BLOCK LETTERS)

wish to nominate: _____

(BLOCK LETTERS)

for the position of:

☐ Director ☐ Credit Committee Member ☐ Supervisory Committee Member
in the U.W.I Credit Union.

Please tick (✓) ONE (1) Committee ONLY

Nominator: _____ U.W.I.CU A/C # _____

(Signature of Nominator)

Seconded by: _____ U.W.I.CU A/C #: _____

(BLOCK LETTERS)

Signature of Seconder: _____

I _____ am willing to accept this nomination

(BLOCK LETTERS)

Signature of Nominee: _____ Date: _____

NOTE: A nominee is restricted to serve on only ONE (1) of the following Committees: Board of Directors, Credit Committee or Supervisory Committee.