

# 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.***