

**KINGSTOWN CO-OPERATIVE CREDIT UNION LIMITED (KCCU)**  
**NOMINATION FORM FOR MANAGEMENT COMMITTEE 2018**

**DETAILS OF NOMINEE:** (PRINT or write legibly)

Full Name: \_\_\_\_\_ ID/Passport #: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_

Contact Numbers: \_\_\_\_\_(H) \_\_\_\_\_(M) \_\_\_\_\_(W)

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Education, Skills and Experience** (that would add value to the Management Committee)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reference:**

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

**NOMINATOR**

	<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
<b>PROPOSER</b>			
<b>SECONDER</b>			

**NOMINATION ACCEPTANCE**

I, hereby confirm that I have been a member of the Kingstown Co-operative Credit Union Limited for more than twelve (12) months and my business with the Credit Union is in good financial standing. I, also confirm that I accept to be nominated for a position on the selected Management Committee at KCCU.

**Tick the management committee of interest.**

Board of Directors

Credit Committee

Supervisory Committee

I certify that my answers are true and complete to the best of my knowledge. If elected to office, the Nominee is to attend meetings, sign an oath of office and authorize a credit report (if necessary).

\_\_\_\_\_  
Signature of Nominee

\_\_\_\_\_  
Date

**Requirements:**

1. Nominations must be in writing and be signed by both the proposer and the seconder.
2. Proposer and Seconder must be members of KCCU
3. The form must be signed by the Nominee
4. The Nominee must be of legal age
5. The application must be completed and submitted on or before March 24<sup>th</sup>, 2017

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**FOR OFFICIAL USE ONLY**

Application received: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Application reviewed by: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approved

Not Approved

**Reason:**

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