



PSCU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

NOMINATION FORM

THIS FORM IS TO BE COMPLETED AND SUBMITTED TO: **THE SECRETARY
NOMINATING COMMITTEE**

Please complete in BLOCK LETTERS

FIRST NAME: _____ LAST NAME: _____

*ADDRESS: _____

SEX: MALE [] FEMALE []

PHONE (HOME): _____ PHONE (CELL): _____

E-MAIL ADDRESS: _____ *OCCUPATION: _____

*NAME OF EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

*EDUCATION: _____

PROFESSIONAL EXPERIENCE: _____

CREDIT UNION ACTIVITIES: _____

* INFORMATION MUST BE INCLUDED

NOMINATION

*MR/MRS/MS _____ HAS BEEN NOMINATED TO SERVE ON THE:

Please tick appropriate box...

- | | |
|------------------------------------------------|-------------------|
| <input type="checkbox"/> BOARD OF DIRECTORS | TERM 1 TO 3 YEARS |
| <input type="checkbox"/> SUPERVISORY COMMITTEE | TERM 1 YEAR |
| <input type="checkbox"/> CREDIT COMMITTEE | TERM 1 TO 2 YEARS |

*NOMINATED BY: _____ ACCOUNT NO.: _____

SIGNATURE: _____ DATE: _____

*SECONDED BY: _____ ACCOUNT No.: _____

SIGNATURE: _____ DATE: _____

**+RECOMMENDERS AND NOMINEES SHOULD MEET THE FIT AND PROPER CRITERIA
(See Nominating Guidelines document)**

DECLARATION BY NOMINEE

I _____ Account No. _____ certify that I have consented to the above nomination and if elected, do hereby agree to be bound by the trust rules of the above Society.

SIGNATURE OF NOMINEE: _____ DATE: _____

FOR OFFICIAL USE

THE NOMINEE HAS BEEN FOUND TO BE SUITABLE / UNSUITABLE TO SERVE ON THE:

- | |
|------------------------------------------------|
| <input type="checkbox"/> BOARD OF DIRECTORS |
| <input type="checkbox"/> CREDIT COMMITTEE |
| <input type="checkbox"/> SUPERVISORY COMMITTEE |

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

* INFORMATION MUST BE INCLUDED