



NOMINATION FORM 2024

COMPLETE THE FORM IN BLOCK LETTERS. ADDITIONAL INFORMATION MAY BE ATTACHED, IF NECESSARY.

- Nominees will be interviewed by the Nominations Committee.
- All successful candidates for Board & Statutory Committees will be subjected to background checks and certificates of character.
- All nominees must attend the mandatory virtual orientation session held prior to AGM on **Saturday February 24th, 2024**.
- The AGM is scheduled for **Saturday March 23, 2024**.
- Completed forms can be emailed to r.samuelcommcare@gmail.com or submitted in a sealed envelope to the Secretary, Nominations Committee, Community Care Credit Union.
- Incomplete and/ or late forms will not be considered.

DEADLINE FOR SUBMISSION IS FRIDAY FEBRUARY 16, 2024 at 4:00 pm.

PERSONAL INFORMATION

ACCOUNT NO. _____ DATE OF MEMBERSHIP _____
DD MM YYYY

NOMINEE FIRST NAME _____ SURNAME _____

CURRENT ADDRESS _____

MAILING ADDRESS _____
(IF DIFFERENT FROM ABOVE)

EMAIL _____ DATE OF BIRTH _____ NATIONALITY _____
DD MM YYYY

PHONE CELL _____ WORK _____ HOME _____

NOMINEE'S SIGNATURE _____ DATE _____
DD MM YYYY

PARTICULARS OF NOMINEE

EDUCATIONAL BACKGROUND (DATES ATTENDED, INSTITUTION NAME) _____

CREDIT UNION OR OTHER CO-OPERATIVE ACTIVITIES _____

OTHER SKILLS _____

EMPLOYMENT INFORMATION

OCCUPATION _____ SELF-EMPLOYED RETIRED (PROVIDE PREVIOUS EMPLOYMENT DETAILS)

PLACE OF EMPLOYMENT _____

ADDRESS OF EMPLOYER _____

NOMINATED POSITION BOARD OF DIRECTORS SUPERVISORY COMMITTEE CREDIT COMMITTEE
(PLEASE TICK ONE)

PROPOSER INFORMATION

NAME OF PROPOSER _____ ACCOUNT NO. _____

PROPOSER'S HOME ADDRESS _____

PHONE CONTACT _____ IDENTIFICATION NO. _____

EMAIL _____ PROPOSER'S SIGNATURE _____

NAME OF SECONDER _____ ACCOUNT NO. _____

SECONDER'S HOME ADDRESS _____

PHONE CONTACT _____ IDENTIFICATION NO. _____

EMAIL _____ SECONDER'S SIGNATURE _____

NOMINATION CRITERIA

Members, of Community Care Credit Union Co-operative Society Limited, who are interested in offering themselves for service at the level of the Board of Directors, Supervisory or Credit Committees, **should meet the criteria of Fit and Proper as enshrined in the Policy Proposal document for the Credit Union Act (www.central-bank.org.tt) and should satisfy the following criteria:**

- Shall be in continuous good Membership Standing for a minimum of twelve (12) months.
- Shall be over the age of eighteen (18) years.
- Shall submit a copy of an Identification certificate (ID card, Driver's license).
- Shall not be delinquent in loan payment in Community Care Credit Union or any other Financial Institution.
- Shall not be an employee of Community Care Credit Union or any other Co-operative.
- Shall not be on the Board of Directors or Committee of any other Credit Union.
- Shall never have declared bankrupt or have been convicted of any indictable or fraudulent offences.
- Shall be recommended by two (2) Community Care members in good financial standing.
- Shall possess training and or working experience in relevant areas of expertise.
- Shall be compliant to all byelaws and regulations which govern Community Care Credit Union Cooperative Society Ltd.
- Shall be willing to give generously of your time to attend meetings and/or events and other associated credit union movement activities.
- I hereby authorize and consent to Community Credit Union receiving any financial and other information which it may have in its possession about me with any of its subsidiaries, agents, third party assignees, other financial institutions, Credit Bureaus, other person of Corporation, with whom I may have or propose to have financial dealings from time to time.

I make this Declaration conscientiously believing that same to be true in accordance with Community Care Credit Union Nomination Criteria.

SIGNATURE

DATE