



Bahama Islands Co-operative Credit Union Limited

ANNUAL GENERAL MEETING NOMINATION FORM

NAME: _____ A/C: _____

TELEPHONE #'s: _____ P.O. BOX _____

EMAIL ADDRESS: _____

I wish my name to be placed in nomination for one of the following elective positions:

- Board Member
- Supervisory Committee Member
- Credit Committee Member

Qualifications:

Employment History:

Credit Union Experience/Training:

NOTE: Your resumé and the signed Declaration Form must be submitted with this Nomination Form

Signed at _____ the _____ day of _____ 20 _____
(Location)

MEMBER'S NAME (PLEASE PRINT)

SIGNATURE