



Transcorp Credit Union Co-op Society Ltd.

NOMINATION FORM 2026

I, **HOLDER OF PASSBOOK #**
NOMINATOR'S NAME

OF **HEREBY NOMINATE**
ADDRESS

NOMINEE'S NAME: **PASSBOOK#**

ADDRESS:

TO CONTEST FOR THE OFFICE OF (PLEASE TICK APPROPRIATE BLOCK)

☐ **BOARD OF DIRECTORS MEMBER**

☐ **CREDIT COMMITTEE MEMBER**

☐ **SUPERVISORY COMMITTEE MEMBER**

SECONDED BY: **PASSBOOK#**

ADDRESS:
.....

I, **HOLDER OF PASSBOOK #**
NOMINEE'S NAME - BLOCK LETTERS

OF

.....
ADDRESS

HEREBY ACCEPTS NOMINATION AS STATED ABOVE

NOMINATOR'S SIGNATURE:

SECONDER'S SIGNATURE:

NOMINEE'S SIGNATURE:

DATED THIS **DAY OF** **IN THE YEAR OF OUR LORD 2026**

DATE

MONTH

SIGNATURE - SECRETARY - BOARD OF DIRECTORS:

QUALIFYING CONDITIONS APPLY – SEE ATTACHED