



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