Transcorp Credit Union Co-op Society Ltd.

NOMINATION FORM 2024

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 2024
DATE MONTH

SIGNATURE - SECRETARY - BOARD OF DIRECTORS: ……

QUALIFYING CONDITIONS APPLY – SEE ATTACHED