**St. Francis Credit Union**

**NOMINATION FORM – DIRECTOR – Annual General Meeting 2024**

We, the undersigned, nominate for Director:

(Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNED (PROPOSER)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Membership No:** \_\_\_\_\_\_\_\_\_

**SIGNED (SECONDER)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Membership No:** \_\_\_\_\_\_\_\_\_

**CONSENT OF NOMINEE:** I, as a member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

Hereby agree to be nominated as a candidate for **DIRECTOR** for St Francis Credit Union

and confirm that I am over the age of 18.

**SIGNED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_ **Membership No:**\_\_\_\_\_\_\_\_\_

(Nominee)

NOTES:

1. Nominations must be in writing and be signed by both the proposer and seconder.
2. The proposer, seconder and nominee must be members of the credit union.
3. The nomination must also be signed by the nominee who must consent to the nomination.
4. Neither a body corporate nor a person who is under the age of 18 may be a director/board oversight committee member of the credit union.
5. Completed Nomination Forms must reach the registered office of the credit union by 5pm on Friday 15th November 2024.