#5 Maraval Road, Port of Spain *Ph. 612-0273 / 235-8130 / 628-3804 * www.tranquillitycu.co

PHOTO

(if you are unable to attach a photo, please email it to info@tranquillitycu.com)

NOMINATION FORM

PART A : PERSONAL INFORMATION

Full Name: _____

Committee Interested in Serving (**choose one**):

BOARD OF DIRECTORS ◯ **CREDIT COMMITTEE** ◯ **SUPERVISORY COMMITTEE** ◯

Address: _____

Mailing Address (if different from above):

_____

Email: _____

Phone Contact: (c) _____(w) _____(h) _____

Education—**Please choose to indicate level**:

Primary ◯ Secondary ◯ Tertiary ◯ Other ◯ _____

PART B: EMPLOYMENT INFORMATION

Profession/Occupation: _____

Employer: _____

Employer Address: _____

PART C: CREDIT UNION PARTICIPATION / SKILLS

Present or previous positions held at TCU: _____

_____

Other Credit Union / Co-operative Experience or Participation:

_____

Other Activities- religious, sports, cultural etc. _____

Other skills/experience (**choose all that apply**):

- ☐ Accounting & Finance
- ☐ Administration
- ☐ Entrepreneurship
- ☐ Event Planning
- ☐ Facilities Management
- ☐ Human Resource Management
- ☐ Information Technology
- ☐ Leadership
- ☐ Legal
- ☐ Marketing
- ☐ Procurement
- ☐ Project Management
- ☐ Research & Development
- ☐ Training & Education
- ☐ Other _____
- ☐ Other _____

RECOMMENDATION:

Nominated by _____ A/C# _____ Signature: _____

(Print Name)

Seconded by _____ A/C# _____ Signature: _____

(Print Name)

DECLARATION:

I _____ A/C# _____ agree to be nominated and, if elected, to serve faithfully as an Officer of Tranquillity Credit Union Cooperative Society Ltd.

_____ _____

Signature of Nominee **Date**

FOR INTERNAL USE ONLY

Received by_____ Date_____

Membership Information:

- Length of membership: _____ years
- Account Status: Active ◯ in Arrears ◯ Other ◯

Remarks :

_____

_____

Account verified by_____ Date_____