



**BARBADOS PUBLIC WORKERS'  
CO-OPERATIVE CREDIT UNION LIMITED**

# AGM CANDIDATE BIOGRAPHY FORM

THIS NOMINATION FORM MUST BE COMPLETED IN A FULL, ACCURATE AND LEGIBLE MANNER

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. LAST NAME:	
FIRST NAME:	MIDDLE NAME(S):
PERMANENT ADDRESS: STREET/AVENUE:	
CITY/TOWN:	PARISH/STATE:
ZIP/POSTAL CODE:	COUNTRY:
NATIONAL REGISTRATION NO:	
OCCUPATION:	
SKILLS/QUALIFICATIONS:	
_____	
_____	
SPECIAL INTERESTS: (Comment briefly on your reason for wanting to serve)	
_____	
_____	

## CONTACT INFORMATION

HOME PHONE:	WORK PHONE:	CELLULAR PHONE:
E-MAIL ADDRESS:		
NAME OF POLLING AGENT:		

## Credit Union Involvement: (Give a short history of involvement in the following areas):

BOARD OF DIRECTORS:	<input type="checkbox"/>	_____	(yrs)
SUPERVISORY COMMITTEE:	<input type="checkbox"/>	_____	(yrs)
CREDIT COMMITTEE:	<input type="checkbox"/>	_____	(yrs)
OTHER:	<input type="checkbox"/>	_____	(yrs)

Where possible, please supply **biography information and a digital passport-size photograph** via e-mail. Send to Ms. Rosario Maynard at [rosario.maynard@bpwccul.bb](mailto:rosario.maynard@bpwccul.bb)

NOTE: To allow you the widest possible exposure to the voting membership, we wish to provide the members with your biographical information on our website. Kindly indicate by ticking the appropriate box below if you agree to the dissemination of your biographical information **strictly** for the purpose stated above.

I AGREE: <input type="checkbox"/>	I DO NOT AGREE: <input type="checkbox"/>
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This biography form and required supporting documentation is to be delivered to any branch of the Credit Union in a sealed envelope addressed to the Compliance Department, Barbados Public Workers' Co-operative Credit Union Ltd., **Clarence Greenidge House, Keith Bourne Complex, Belmont Road St. Michael** no later than **4:00 p.m. on Saturday, June 1st, 2019**