



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 nominations2021@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 must be returned in a sealed envelope addressed to the Credentials Committee, 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 Friday, June 18th, 2021.**