

NOMINATION FORM FOR ELECTION TO THE SUPERVISORY COMMITTEE

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

In accordance with **By-Law 36** of the Barbados Public Workers' Co-operative Credit Union Limited (the Credit Union), which requires that not less than four existing members of the Credit Union, nominate a person proposed for election to the Supervisory Committee of the Credit Union, we the undersigned hereby nominate:

MR. MRS. MS. LAST NAME:				
FIRST NAME:	MIDDLE NAME(S):			
PERMANENT ADDRESS: STREET/AVENUE:				
CITY/TOWN:	PARISH/STATE:			
ZIP/POSTAL CODE:	COUNTRY:			

	NAME	CONTACT NO.	ACCOUNT NO.	SIGNATURE
1.				
2.				
3.				
4.				

DECLARATION OF CANDIDATE

nomination and confirm my willingness to serve on the Supervisory Committee as prescribed by the By-Laws of the Credit Union if elected.

In accordance with **By-Laws 34 and 35**, I confirm that I am a citizen or resident of Barbados, I hold twenty-four (24) qualifying shares and I have been a member of the Credit Union for at least six (6) months. I have carefully read the candidate guidelines provided to me by the Credit Union before my acceptance of this nomination and have fully understood them.

SIGNATURE OF NOMINEE:

DATE (mm/dd/yyyy):

Name of Secretary, Board of Directors: (PRINT)

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Signature of Secretary, Board of Directors

Date Received

This nomination 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.**