

BARBADOS PUBLIC WORKERS' CO-OPERATIVE CREDIT UNION LIMITED

NOMINATION FORM FOR ELECTION TO THE BOARD OF DIRECTORS

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 Board of Directors 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 Board of Directors 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:

1

DATE (mm/dd/yyyy):

Name of Secretary, Board of Directors: (PRINT)

Signature of Secretary, Board of Directors

Date Received

This form 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.