



TSHWARAGANO

NOMINATION FORM FOR ELECTION TO THE MANAGEMENT BOARD/COMMITTEES

Membership No. _____

Please note: This is not a ballot form, i.e by completing this form you are only nominating a person for election, and not electing a person yet.

Part 1: To be filled by the Nominator

Name of candidate nominated; _____

Committee nominated for (Tick only 1)

Management Board	<input type="checkbox"/>	Supervisory	<input type="checkbox"/>	Credit	<input type="checkbox"/>	Nominations	<input type="checkbox"/>
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Physical Address of candidate: _____

Postal address of candidate: _____

State the reasons for nominating the candidate:

Nominator 1

Nominator 2

We, the undersigned, support the nomination of the above named candidate for election/re-election to the Board of Directors. We believe this member would be an excellent representative of Motswedi SACCOS.

1. Nominator's Name (Print); _____ Membership No: _____

Physical address: _____

Cell: _____ Date: _____ Signature: _____

2. Nominator's Name (Print); _____ Membership No: _____

Physical address: _____

Cell: _____ Date: _____ Signature: _____

Part 2: To be filled by candidate

I Accept the nomination (Please tick) Yes No

State the reasons for Accepting or NOT accepting the nomination:

Does the candidate meet the following requirements?

Criteria for interested candidates Tick where appropriate	Yes	No
I am a member in good standing		
I am employed under the society.		
I am engaged in business as a money lender.		
I am committed to the future growth of the society		
I have time available to advocate for the society		
I have been convicted of an offence involving dishonesty.		
I am a rehabilitated insolvent.		
I have been removed from an office of trust due to misconduct.		
I am a member of another SACCOS		

CANDIDATE'S BIOGRAPHICAL INFORMATION: Please indicate those areas noted below in which you have some experience/knowledge. For those areas noted, please describe your related experience/knowledge. Note: It is not expected that all candidates or Directors will possess experience/knowledge in all areas.

Educational/Professional Designations:

Work Experience:

Board and/or Committee Experience:

Leadership:

Community Involvement/other Interests:

CANDIDATE'S POSITION STATEMENT: Include whatever statements you would like Motswedi SACCOS members to know regarding your candidacy (skills, experiences, why you wish to serve on the Board, etc). This statement, as received or extracts thereof may be communicated to the members of Motswedi SACCOS in the event of an election or as otherwise may be required.

Declaration by candidate: I acknowledge that the information I have provided is true and factual.

Signature of candidate: _____ Membership No: _____

Cell/Phone (s) : _____ Date: _____