



CO-OPERATIVE CREDIT UNION LTD

LEADERSHIP NOMINATION FORM

a. Name of Nominee:

Date of Birth: Qualification:.....

Address:..... Tel No.: A/C No.

When Did You Join The Union? Present Occupation: Place of Work:

b. Please Tick The Position You Are Applying For:

Board of Director

Supervisory Committee

Loan Committee

Have You Served On Any Committee In The Union? Yes: No: Position: Year:

Balances: Shares GH¢..... Savings: GH¢..... Loans; GH¢..... Delinquency Level

I am an active member of my union and have fulfilled all my financial obligations up to date. I do not have any criminal / fraudulent record against me. I have not served more that three terms (6 years) in office. I certify that all the information provided above are to my best knowledge correct.

Signature:

Date:

NOMINATED BY:

1. Name:

No. Of Years in Union: A/C No..... Dormant / Regular

Telephone No.: Signature: Date:

2. Name:

No. Of Years in Union: A/C No..... Dormant / Regular

Telephone No.: Signature: Date:

3. Name:

No. Of Years in Union: A/C No..... Dormant / Regular

Telephone No.: Signature: Date:

OFFICIAL USE ONLY

Vetting Committee's Remarks:..... Approved: Not Approved:

Reason:

.....
.....

NAME

SIGNATURE

DATE

1.

2.

3.