



ANTILLES EMPLOYEES CREDIT UNION

(CO-OPERATIVE) SOCIETY LIMITED

#15 VESSIGNY STREET, VESSIGNY VILLAGE,

LA BREA 630115, TRINIDAD W.I.

Tel: (868) 217-3030/5935, 221-9685

Email: antedu@antillescredituniontt.com

www.antillescredituniontt.com

NOMINATION FORM 2024

NOTE: Nominees are requested to complete the form in block letters and submit a résumé in support of their application

All nominees **must** adhere to the following stipulations:

1. Be eighteen (18) years and over,
2. Be a member of the society for at least one (1) year and in **good financial standing**,
3. Be 'fit and proper' to serve on the Supervisory Committee, Board of Directors or Credit Committee,
4. Be committed to give generously of his/her time to attend meetings and attendant business of Board and Committees,
5. Subject themselves to training with the specific Statutory Committee for which he/she is interested in serving on and also be prepared to learn about the Co-operative Principles and Credit Unionism,
6. Not have committed, nor have pending before the courts, any offences involving fraud, violence, or dishonesty of neither a civil nor criminal nature,
7. Not be delinquent in his/her payments or by way of a guaranteed loan and must not have a record of delinquency for the past 24 months, nor ever have been declared bankrupt.

Nomination forms must be returned by Monday 8th July, 2024 12 noon to the Credit Union's office. Nominees are strongly encouraged to submit their forms with their résumé well before the deadline date.

NOMINEE'S NAME: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____ CREDIT UNION ACCOUNT # _____

TELEPHONE CONTACT: (H) _____ (W) _____ (C) _____

EMPLOYER'S NAME & ADDRESS: _____

PLEASE TICK ONLY ONE OFFICE:

BOARD OF DIRECTORS { } CREDIT COMMITTEE { } SUPERVISORY COMMITTEE { }

All nominees **MUST** be recommended by two [2] members at least eighteen years old and in good financial standing.

We hereby recommend _____ as a fit and proper member in
(PRINT NOMINEE'S NAME)
good financial standing to serve the Antilles Employees' Credit Union (Cooperative) Society Ltd in the office indicated above.

1 st Recommender's Name: _____	2 nd Recommender's Name: _____
Account Number: _____	Account Number: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

DECLARATION

1. I acknowledge that if I am elected to serve that I will be bound by all applicable Policies of the Society.
2. I hereby make this Declaration conscientiously believing that same to be true and correct and that if any information is deemed to be inaccurate or false, my selection will become null and void and I will no longer be eligible to serve and will cease to hold office.

NOMINEE'S SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY
