SFCCU CREDIT UNION
Co-operative Society Limited

NOMINATION FORM 2025/2026

Guidelines for nominations

Applicants must be:

1. 18 years and over.
2. A **Member in Good Standing** i.e., not in default of any financial obligations to the Society.
3. **Fit and proper** as per the criteria defined by the Central Bank.

Nomination Committee will actively seek out the following Nominees with the ability: -

1. Understand and monitor financial performance.
2. Understand as well as, evaluate strategic plans and reports.
3. Handle complex human resource issues that involves key performance management.
4. Determine risks factors and prioritize these risks.
5. Work with a team, articulate one's view, listen to other views and make sound decisions.

Applicants are advised to complete the application form in its entirety and make them available to the Nominations Committee on or before 4.00 p.m. – Friday 19th December, 2025.

SFCCU CREDIT UNION
Co-operative Society Limited

APPLICATION FOR NOMINATION

I _____ _____
NAME IN BLOCK LETTERS **ACCOUNT NO**

hereby offer myself for nomination to the

- **Board of Directors** ---------- ☐
- **Credit Committee** ---------- ☐
- **Supervisory Committee** ------- ☐

[please tick only one]

DOB _____ ID # _____ /DP# _____ /Passport # _____

Address: _____

_____

Phone [H] _____ [W] _____ [C] _____ E-mail _____

Occupation: _____

Place of Employment: _____

Credit Union experience _____

_____

Education: Tertiary ☐ Secondary ☐ Primary ☐

Vision for the Credit Union: _____

_____

Submit copies of two forms of valid identification and proof of address (Utility Bill) with your completed application

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COMMITMENT TO SERVE

Successful members must be prepared to give generously of his/her time to attend

- Board and Committee meetings as stipulated by SFCCU Bye laws.
- Represent SFCCU at meetings and events of the Co-operative Movement.
- Participate in Seminars and training programmes.

If elected to office of the SFCCU I _____ do hereby affirm to:

1. Uphold the Co-operative Society Act, SFCCU Bye Laws and policies as they relate to the operations of the organisation, as well as its members and officials,
2. Conduct the credit union's business in strict and discrete confidence,
3. Discharge the responsibilities of my office so as to promote and protect the best interest of the credit union and its membership.

I have read and understood the guidelines for Nominations as stated.

_____	_____	_____
Applicant's full name	Signature	Date

Proposer's 1 Declaration	**Proposer's 2 Declaration**
Name	Name
……	……
Address:	Address:
……	……
……	……
Phone: (H) …… (C) ……	Phone: (H) …… (C) ……
E-mail: ……	E-mail: ……
I, ……	I, ……
holder of account number ……..	holder of account number ……..
Signature: _____	Signature: _____
Date: _____	Date: _____

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FOR OFFICIAL USE ONLY

We certify that this form was examined by the Nominations Committee and the nominee was interviewed on ……

We hereby find that this applicant is: -

Approved ☐ Not Approved ☐ Date: _____

Comments:

_____

_____

_____

_____ _____
Name of Chairman Signature

_____ _____
Name of Vice Chairman Signature

_____ _____
Name of Secretary Signature

_____ _____
Name of Member Signature

_____ _____
Name of Member Signature