

NOMINATION FORM



BALLINASLOE
Credit Union
LOCAL LOYAL LENDING

CANDIDATE NOMINATION

We, the undersigned, being voting members* of Ballinasloe Credit Union (Our Lady of Lourdes) Ltd hereby nominate:

Name :

Full Address :

being a voting member, in good standing of Ballinasloe Credit Union limited for the position of director.

NOMINATOR INFORMATION

*Nominators must be at least 18 years of age and voting members of Ballinasloe Credit Union.

Two nominators are required:

Nominator 1

First Name

Full Address

E-Mail

Signature

Nominator 2

First Name

Full Address

E-Mail

Signature

NOMINATEE'S ACCEPTANCE

I hereby accept the nomination for the position of director of Ballinasloe CU and agree to the terms and conditions of the nomination process, acknowledge the receipt of the nomination package, understand, and agree with the terms and conditions and know of no reason that I am not eligible to stand for the position of director.

I acknowledge having received from Ballinasloe CU and read the nomination information package outlining all of the eligibility requirements for election to the board of directors, as set out in the Credit Union Act, 1997 – 2016, regulations and the registered rules of the Ballinasloe CU, and hereby confirm that I know of no fact or circumstance that would render me ineligible to serve as a director of the Ballinasloe CU.

I acknowledge that everything that has been represented in my nomination information package to be true and factual.

I accept that, should I be elected to the board of directors of Ballinasloe CU, I will carry out the duties of the said office to the best of my abilities for the term I am elected.

Signature

Date

DECLARATION OF INTEREST

Pursuant to my responsibilities outlined in the Credit Union act, 1997 – 2016, regulations to the act and the registered rules of the Ballinasloe CU. I, declare that I am not aware of any conflict of interest regarding my proposed nomination to the Board of Directors:

Signature