Appendix I: **Application form**

**As per Clause 8.2.4 of the By-Laws**

**NOMINATION TO THE CARECOOP BOARD OF DIRECTORS FORM**

**\*\* Read the notes below before completing the form**

***To: The Audit and Risk Committee***

 **Section (i)** **Applicant details**

|  |  |
| --- | --- |
| Name of Applicant: |  |
| NRC no: |  |
| Physical address |  |
| Mobile no |  |
| Email address |  |
| Carecoop membership no: |  |
| Member Organisation: |  |
| Position to stand for: |  |

 (Please specify either Board member or Audit and Risk Committee)

**Section (ii) Supporters**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Full Names:** | **NRC No:** | **Member No:** | **Organisation:** | **Signature:** |
| **Supporter no 1:** |   |  |  |  |  |
| **Supporter no 2:** |  |  |  |  |  |
| **Supporter no 3:** |  |  |  |  |  |

(Note only shareholders should support the candidate)

**Section (iii) Declaration by applicant**

I ……………………………………………………………………… do hereby declare that I am qualified to stand as a candidate on the CareCoop Board of Directors/Audit and Risk Committee. I am willing to serve as a Director and further appoint Mr./Ms. .…………………………………………… Membership No. …………………………. as my electoral agent.

**Section (iv) Qualifications/professional background (work experience)**

|  |  |
| --- | --- |
| **Qualifications** |  |
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| **Professional background:** |  |
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| **Signature:** |  |
| **Date:** |  |

 **Notes to the Form**

1. The applicant and his/her supporters should fully complete the form – all sections should be completed and signed by both the applicant and his/her supporters.
2. Only one form should be completed and submitted
3. Only shareholders should support the applicant
4. All supporters should provide their details and append signatures physically or electronically
5. Board membership representation is restricted to 20% per organisation or the general membership.

*Submit completed Nomination Form to the email address:* *agm.nominations@carecoop.co.zm* *on or before 25th January 2024*