

Application form

electoral agent.

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 Aud	lit and	Risk	Committee
10.	1110 111111	et tritte	ILLUSIV	Committee

10: The Auait o	ina Kisk Committe	e			
Section (i) Applie	cant details				
Name of Applicar	nt:				
NRC no:					
Physical address					
Mobile no					
Email address					
Carecoop member	rship no:				
Member Organisa	tion:				
Position to stand f	er:				
Risk Committee) Section (ii) Suppo					
	Full Names:	NRC No:	Member No:	Organisation:	Signature:
Supporter no 1:					
Supporter no 2:					
Supporter no 3:					
Section (iii) Decla	(Note only sharehoration by applican	•	port the candida	te)	
am qualified to sta Committee. I an	and as a candidate n willing to ser	on the CareCoorve as a Dire	op Board of Director and furth	ectors/Audit and er appoint Mr	Risk :/Ms.



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

Qualifications	
n e · 1	
Professional	
background:	
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. Only shareholders are entitled to apply for vacant board positions.
- 5. All supporters should provide their details and append signatures physically or electronically
- 6. Board membership representation is restricted to 30% per organisation or the general membership.

Submit completed Nomination Form to the email address: <u>agm.nominations@carecoop.co.zm</u> on or before...21st February 2023...