



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.

