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

*To: The Audit and Risk Committee*

|  |  |
| --- | --- |
| **Name of Nominee:** |  |
| **Member Organisation:** |  |
| **Nominated Board Position:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Full Names:** | **NRC No:** | **Member No:** | **Organisation:** | **Signature:** |
| **Nominated by:** |  |  |  |  |  |
| **Seconded by:** |  |  |  |  |  |
| **Supported by:** |  |  |  |  |  |

**Declaration by Nominated Member**

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

|  |  |
| --- | --- |
| **NRC No:** |  |
| **Membership No:** |  |
| **Organisation:** |  |
| **Qualification/s:** |  |
|  |  |
| **Address:** |  |
|  |  |
| **Mobile No:** |  |
| **Email:** |  |
| **Professional background:** |  |
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| **Signature:** |  |
| **Date:** |  |

**NB:**

*Submit completed Nomination Form to the email address:* *agm.nominations@carecoop.co.zm* *on or before Friday 4th February 2022, 17:00 hours.*

*Note that only shareholders will be allowed to submit nominations to the Board of Directors and to nominate, second or support a nominee.*