



TATECO (POS) CREDIT UNIONCO-OPERATIVE SOCIETY LIMITED

NOMINATION FORM

Note: "Applicants are advised to complete the entire form in handwriting that is legible.
"Applicants MUST submit a resume', a passport-size photograph, and a copy of a recent utility bill to support their application."

Please be guided by TATECO's Nomination Policy.
Nomination Forms must be sent to the Secretary, and Board of Directors on or before January 31st, 2025.

Applicant's Full Name: _____
(BLOCK LETTERS)

Membership
Account Number: _____ Date of Birth: _____

Date Joined TATECO (POS) Credit Union: _____

Residential Address: _____

Mailing Address (If different from above): _____

Occupation: _____ Tel No. (Home): _____ (Mobile): _____

Employer's Name: _____(Off):_____

Employer's Address: _____

Nominated for (please tick) Board of Directors ☐
Credit Committee ☐
Supervisory Committee ☐

Proposer: _____ Membership
Account No: _____

Proposer's Signature: _____

Proposer's Address: _____

Second _____ Membership
Account No: _____

Second's Signature: _____

Second's Address: _____

I, _____ do declare that I have read the contents of TATECO (POS) Credit Union's Nomination Policy and that I am eligible under the Section "Qualifications" stated therein, TATECO (POS) Credit Union is therefore authorized to obtain further information on my credit and employment history and any such source is hereby authorized to provide the requested information.

TATECO (POS) Credit Union is also authorised to disclose to any Credit Bureau and other credit granters any information about my credit history. I agree to jointly and severally indemnify TATECO (POS) Credit Union against any and all claims in damages or otherwise arising from disclosure on your path.

TATECO (POS) Credit Union agrees to use the information obtained as Confidential solely in connection with the current or contemplated business relationship between the parties and not for any purpose other than as authorized by this Agreement without the prior written consent of an authorized representative of the Disclosing Party.

NAME (In Block Letters)

SIGNATURE

Date: _____

Note: An applicant is restricted to select to serve either on the Board of Directors, Supervisory Committee or Credit Committee.