

## T.A.C. NOMINATION FORM

### SECTION 1 - PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: DD / MM / YYYY Age: \_\_\_\_\_ WCU Member Account No. : \_\_\_\_\_

National Identification No. : I.D: \_\_\_\_\_ / Drivers Permit: \_\_\_\_\_ / Passport: \_\_\_\_\_ /

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different from above)

Telephone Contact: Home: \_\_\_\_\_ / Mobile: \_\_\_\_\_ / Work: \_\_\_\_\_ /

Email Address: \_\_\_\_\_

### SECTION 2 - EMPLOYMENT HISTORY

#### A) Current Employment

Name of Employer : \_\_\_\_\_

Address: \_\_\_\_\_

Position / Job Title : \_\_\_\_\_

Employment Type:  Full Time  Part-Time  Contract  Temporary  Self-Employed

Length of Employment:  Less than 1 year  1 - 3 years  3 -5 years  Over 5 years

#### B) Previous Employment (if applicable)

Name of Employer : \_\_\_\_\_

Address: \_\_\_\_\_

Position / Job Title : \_\_\_\_\_

Employment Type:  Full Time  Part-Time  Contract  Temporary  Self-Employed

Length of Employment:  Less than 1 year  1 - 3 years  3 -5 years  Over 5 years

### SECTION 3 - CREDIT UNION / CO-OPERATIVE EXPERIENCE

A) Do you have previous Credit Union or Co-operative experience ?

Yes  No

B) 1. If yes, please specify the nature of your experience/involvement

Board Member  Committee Member  Volunteer

Employee  Member (General)  Other \_\_\_\_\_

**SECTION 3 - CREDIT UNION / CO-OPERATIVE EXPERIENCE**

B) 2. Name of Credit Union / Co-operative: \_\_\_\_\_

\_\_\_\_\_

B) 3. Position(s) / Role(s) Held: \_\_\_\_\_

\_\_\_\_\_

B) 4. Period of Service (From - To) : \_\_\_\_\_

\_\_\_\_\_

C) Please provide a summary of your experience and key contributions - including a brief overview of your responsibilities, achievements, and any relevant training or certifications. **(This section is Mandatory)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4 - DECLARATION**

I hereby declare that the information provided in this form is true and accurate to the best of my knowledge and belief. I acknowledge that the submission of false or misleading information may result in the withdrawal or disqualification of my nomination from consideration.

\_\_\_\_\_  
**NOMINEE SIGNATURE**

DD / MM / YYYY

**DATE OF SIGNING**

**SECTION 5 - ENDORSEMENT OF NOMINATION**

Proposed by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

WCU Member Account No. : \_\_\_\_\_

WCU Member Account No. : \_\_\_\_\_

Date of Signing: DD / MM / YYYY

Date of Signing: DD / MM / YYYY

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**SIGNATURE**

**SECTION 6 - AUTHORIZATION (FOR OFFICIAL USE ONLY)**

Member is in good financial standing as verified by the Operations or Credit Manager?

Yes  No

Manager's Signature: \_\_\_\_\_

Date Reviewed: DD / MM / YYYY

Reviewed By: \_\_\_\_\_

Application Status:  Approved

Declined

More Information Requested

Comments: \_\_\_\_\_

\_\_\_\_\_