



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:					
Nominated by:					
Nominated 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 and experience:

Signature:

Date:

NB:

Submit completed Nomination Form to the email address: agm.nomination@carecoop.co.zm on or before Friday 6th March 2020.

Note:

1. Only shareholding members of CareCoop are eligible for nomination to the Board of Directors.
2. Only shareholding members can nominate a member to the Board of Directors.
3. A member seeking to serve on the Board of Directors should ensure that they are nominated by 3 members as indicated above before submitting the form.