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| Part 1: Nominee Details | | | | | | |
| Name: |  | | | | Surname: |  |
| Adress: |  | | | | Are you over 18 years of age? | Yes / No |
| Profession: |  | | | | | |
| Please give a short biography, explaining any relevant experience that you would bring to Glengarry Benefit Society.  Please note: This biography will be publicly available ahead of the election.  If you need additional pages, please attach numbered pages and indicate below. | | | | | | |
|  | | | | | | |
| Please explain how your skills will contribute to the running of Glengarry Community Benefit Society.  Please note: This information will be publicly available ahead of the election  If you need additional pages, please attach numbered pages and indicate below. | | | | | | |
|  | | | | | | |
| As a member of the Glengarry Community Benefit Society Board you will be expected to serve for at least 1 year. Are you happy to commit to serving at least one full term on the board?\*  \*Circumstances permitting. | | | | | | Yes/ No |
| For this nomination to be valid it needs to be signed by two additional Contributor Share Holders. These co-signatories need to   * Also hold shares in the Community Benefit Society * Have not yet signed someone else’s nomination * Not stand for nomination themselves   Please take Part 2 of this form (below) to your two co-signatories for completion. If you are unable to identify two valid co-signatories, please contact [gcbs@glengarry.co.uk](mailto:gcbs@glengarry.co.uk). | | | | | | |
| 1st Co-Signatory Name: | | | |  | | |
| 2nd Co-Signatory Name: | | | |  | | |
| By signing this form, you confirm your own nomination as Director of Glengarry Community Benefit Society. You agree that, if elected, you will serve on the Board of the Society.  You can only nominate one Director per election. By nominating yourself, you understand that you cannot sign in support of any other nominees. | | | | | | |
| Signature: | |  | Date: | | |  |

Please submit this form by emailing a signed and dated version to [gcbs@glengarry.org.uk](mailto:gcbs@glengarry.org.uk).

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| Part 2: Supporting Signatures | | | |
| 1st Co-signature | | | |
| Name: |  | Surname: |  |
| Adress |  | | |
| Name of the Nominee you are signing for: | |  | |
| By signing this form, you support the nomination of the above Nominee. For each election you can only sign for one nominee. By signing, you confirm this is the only nominee you support. Should you have signed for several nominees, all nominations will be considered invalid. | | | |
| Signature: |  | Date: |  |

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Please submit this form by emailing a signed and dated version to [gcbs@glengarry.org.uk](mailto:gcbs@glengarry.org.uk)

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| --- | --- | --- | --- |
| Part 2: Supporting Signatures | | | |
| 2nd Co-signature | | | |
| Name: |  | Surname: |  |
| Adress |  | | |
| Name of the Nominee you are signing for: | |  | |
| By signing this form, you support the nomination of the above Nominee. For each election you can only sign for one nominee. By signing, you confirm this is the only nominee you support. Should you have signed for several nominees, all nominations will be considered invalid. | | | |
| Signature: |  | Date: |  |

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