



NOMINATION FORM FOR BOARD OF DIRECTOR/MEMBER OF SUPERVISORY COMMITTEE POSITION.

I Mr./Ms./Dr./Prof./Mrs.....holder of ID No.....Member no..... do hereby apply for nomination to contest the position of (tick one)

Board Member

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Supervisory committee member

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Part 1: MEMBERS'S DETAILS

Mobile phone number	
Email address	
Occupation/Profession	
Contact address	
Date of joining the Sacco	
Total deposits at the date of application.	
Total Shares as at the date of application.	
Total Outstanding loan balance as at 31 st December 2024.	
Highest Academic Qualifications (attach copies of certificates)	

***Attach the following documents**

- Copy of National Identity
- Valid KRA compliance certificate
- Valid Certificate of good conduct
- Clearance certificate from ethics and anti-corruption commission
- Clearance certificate from credit reference bureau
- A curriculum vitae indicating professional qualification and key positions held in other organizations/institutions (past/present).

Applicants Signature..... Date.....

Proposed By..... Member No.....

ID No..... Sign..... Date.....

Seconded by..... Member No.....

ID No..... Sign..... Date.....

Part 2: QUESTIONNAIRE

1.	Are you a board member in any other SACCO(Y/N)	
2.	Have you ever been convicted of any offence involving dishonesty or imprisonment for a term exceeding 3 months? (Y/N)	
3.	Have you ever been convicted of any offence under any prescribed law? (Y/N)	
4.	Have you ever defaulted in any loan repayment in Smart Savers SACCO or any other financial institution? (Y/N)	
5.	Have you ever been declared bankrupt?	
6.	Are you currently involved in a national elective politics? (Y/N)	
7.	Will you have sufficient time to attend to SACCO activities? (Y /N)	
8.	Do you have any litigation against Smart Savers SACCO in a court of law? (Y /N)	

Part 3. DECLARATION

I the undersigned accept and authorize publication of my personal profile by the Society for the knowledge of the membership when elected on the board. I also understand that my obligations with related party dealings in the Society shall be disclosed to the members annually without the Society seeking my approval. I also confirm that I have read, understood and agree to be bound by the Society's Act, Rules, Bylaws, Society's policies and rules governing the nominations and election procedures in the society.

Name Signature Date.....

Witnessed before Me (Commissioner of Oath)

Name..... Date.....