MAGADI SACCO SOCIETY LTD

PAMView Building, P.O Box 13 00205 Magadi
Tel: 020-6999258/350 Fax 020-6999258Mobile: 0722272252/ 0714961101
Email: info@magadisacco.co.ke, ideas@magadisacco.co.ke,
Website:www.magadisacco.co.ke,

Annex 1: **MAGADI SACCO SOCIETY LIMITED**

NOMINATION APPLICATION FORM

1. I, ……, holder of ID No…….…… do hereby present myself for nomination to contest the position of (Tick appropriately): -

- ☐ Member of the Board of Directors of MAGADI Sacco Society
- ☐ Member of the Supervisory Committee of MAGADI Sacco Society

2. Membership Details

Member No……

Date of joining.……...

Year of birth……...

Share Capital 31st December 20……...…….……

Deposits as at 31st December 20……...…….……

Contact address…….…….……...……

Mobile number……...

Highest Academic qualifications…….……...……...

Other Professional qualifications……...……...…...

Any other qualifications/skills…….……..……

MAGADI SACCO SOCIETY LTD

PAMView Building, P.O Box 13 00205 Magadi
Tel: 020-6999258/350 Fax 020-6999258Mobile: 0722272252/ 0714961101
Email: info@magadisacco.co.ke, ideas@magadisacco.co.ke,
Website:www.magadisacco.co.ke,

3. Leadership positions held

Name of Organization	Position Held	From	To	Achievements

4. Declaration

I ,……..…….. confirm that information provided in this application to be true. I also confirm that I have read, understood and agree to be bound by the Society's Act, Rules, Bylaws, Sacco policy and rules governing the nominations and election procedures in Magadi Sacco.

Applicant's Signature ……Date……

Witness: Name ……Signature: ……. Date ……

Proposed by: Name ……Signature: ……. Date ……

Seconded by: Name ……Signature: ……. Date ……..…

N/B: Proposer and seconder should not be any staff or current board member of Magadi Sacco Society Limited.

For official use only:

Date Received:…… Stamp: