



UBORA REGULATED NON-WDT SACCO SOCIETY LIMITED

South C Popo Road | 54974-00200 Nairobi | 020-6948-443/305/261 | ubora@kebs.org

NOMINATION FORM

ELECTION NOMINATION APPLICATION FORM

I..... do

hereby present myself for nomination to contest for a position in Ubora Regulated NON WDT Savings and Credit Cooperative Society Ltd.

CANDIDATE DETAILS			
FULL NAME OF MEMBER	<i>TITLE</i>	<i>FIRST NAME</i>	<i>LAST NAME</i>
MEMBER NUMBER			
DATE OF JOINING THE SACCO			
POSITION OF INTEREST (Tick appropriately)	<input type="checkbox"/> MANAGEMENT BOARD <input type="checkbox"/> SUPERVISORY COMMITTEE		
NATIONAL I.D. NUMBER			
DATE OF BIRTH	<i>DATE</i>	<i>MONTH</i>	<i>YEAR</i>
POSTAL ADDRESS	P. O. BOX	CODE	



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ORGANIZATION	<input type="checkbox"/> KENAS <input type="checkbox"/> KEBS <input type="checkbox"/> RETIREE <input type="checkbox"/> OTHER (Specify)
PHYSICAL LOCATION	
PHONE NUMBER(S)	
EMAIL ADDRESS	
OCCUPATION/PROFESSION	

SHARES IN THE SOCIETY AS AT THE DATE OF APPLICATION	KES.
DEPOSITS AS AT APPLICATION DATE	KES.
TOTAL OUTSTANDING LOANS IN THE SOCIETY AS AT APPLICATION DATE	KES.
STATEMENT OF PURPOSE (Kindly elaborate your reason for wanting to serve as a Director)	



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STATEMENT OF COMPETENCY (Kindly illustrate the value you shall bring as a Director)	
STATEMENT OF UNDERSTANDING (Kindly describe your understanding of the role of a Director)	
VERIFICATION DOCUMENT OF GOOD STANDING FROM PROFESSIONAL BODY (Tick appropriately)	ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO PROFESSIONAL BODY AFFILIATED, IF APPLICABLE
SIGNATURE	
DATE	



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PROPOSER DETAILS	
FULL NAMES OF PROPOSER (Must be a member of the Sacco)	
MEMBERSHIP NUMBER	
VERIFICATION DOCUMENT OF GOOD STANDING FROM PROFESSIONAL BODY (Tick appropriately)	ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
	PROFESSIONAL BODY AFFILIATED, IF APPLICABLE
SIGNATURE	
DATE	
SECONDER DETAILS	
FULL NAMES (Must be a member of the Sacco)	
MEMBERSHIP NUMBER	
VERIFICATION DOCUMENT OF GOOD STANDING FROM PROFESSIONAL BODY (Tick appropriately)	ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
	PROFESSIONAL BODY AFFILIATED, IF APPLICABLE
SIGNATURE	
DATE	