



## NOMINATION FORM

**PARTICULARS OF NOMINEE**

Position for Nomination: .....

FULL NAME: .....

NAME OF BUSINESS: .....

FULL ADDRESS OF NOMINEE: .....

.....

.....

I, the above-named nominee, upon being duly elected DO HEREBY consent to act as a director/officer (*\*delete as appropriate*) of the BVICCHA. I also confirm that the name and address given above are accurate and may be entered in the register of directors of the Company. I undertake to inform the BVICCHA promptly if any of the information provided in this form changes or otherwise becomes inaccurate.

Signature: .....

Date: .....

**PARTICULARS OF THE NOMINATOR & SECONDER**

We, the undersigned, DO HEREBY nominate the above-mentioned person for the position stated above.

|                              |                             |
|------------------------------|-----------------------------|
| FULL NAME OF NOMINATOR       | FULL NAME OF SECONDER       |
|                              |                             |
| NAME OF NOMINATOR'S BUSINESS | NAME OF SECONDER'S BUSINESS |
|                              |                             |
| SIGNATURE & DATE             | SIGNATURE & DATE            |
|                              |                             |

**NB: NO NOMINATIONS FROM THE FLOOR ARE PERMITTED.**