



**CLICO CREDIT UNION  
CO-OPERATIVE SOCIETY LIMITED**

33 Edward Street, Port of Spain, Trinidad, West Indies  
Telephone: (868) 624-0669/6809, Fax (868) 627-4214  
Email: [nominations@clicocu.com](mailto:nominations@clicocu.com), Website: [www.clicocu.com](http://www.clicocu.com)

**NOMINATION FORM**

Applicants are advised to complete the form in BLOCK LETTERS and to submit to our office together with a Curriculum Vitae and Passport Sized Photo.

To: The Chairman  
Nominations Committee

Account # \_\_\_\_\_

Board of Directors  
Bye-Laws No.28-29

Supervisory Committee  
Bye-Law No. 38

Credit Committee  
Bye-Law No. 39

APPLICANT'S FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(If Different from Home Address)

CONTACT NO: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

EMPLOYMENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

NAME OF PROPOSER: \_\_\_\_\_

PROPOSER'S SIGNATURE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF SECONDER: \_\_\_\_\_

SECONDER'S SIGNATURE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_