

# HUGGINS CREDIT UNION CO-OPERATIVE SOCIETY LIMITED NOMINATION PROCEDURES/GUIDELINES AND FORM - AGM 2024 SUPERVISORY COMMITTEE

### NOMINATION PROCEDURES/GUIDELINES

- 1. Carefully read the Nomination Procedures / Guidelines and the Nomination Form.
- 2. All fields of the Nomination Form **MUST** be completed.
- 3. The Form must be signed by the Nominee, Proposer and Seconder, all of whom must be Members of Huggins Credit Union in accordance with Bye-Law 27.1 (b) "Member in good standing" means a member who has not violated the terms of his Loan Contract neither is he delinquent nor inactive.
- 4. Members shall be nominated for the Supervisory Committee **ONLY**.
- 5. Qualifications For Eligibility: No Member shall be eligible for nomination or election to the Supervisory Committee of Huggins Credit Union unless that person:
  - a) is a member of Huggins Credit Union
  - b) is of good standing in the society or in any other organization
  - c) is of the age of 18 years or over
  - d) is not an employee of Huggins Credit Union
  - e) is not an undischarged bankrupt
  - f) is of sound mind
  - g) has not been convicted of a criminal offence
  - h) is not a member of the Board, Credit or Supervisory Committees nor the General Manager or Internal Auditor of another Credit Union
  - i) time and commitment to serve
  - j) is in compliance with the Term Limits for Outgoing Serving Members of the Supervisory Committees

All elected officers will be required to do all such lawful things to ensure that the Huggins Credit Union achieves its objects in accordance with **BYE-LAW 27.1 and 27.2**.

6. Submit completed and signed form to Huggins Credit Union Cooperative Society Limited's by email to <u>nominations@hugginscu.com</u> or place a hard copy in a specially marked box at Huggins Credit Union office located at 35 Roberts Street, Woodbrook, Port of Spain in a sealed envelope addressed to:

### The Secretary Nominations Committee Huggins Credit Union Co-operative Society Limited

- 35 Roberts Street, Woodbrook, Port of Spain.
- 7. The completed form must be submitted by 12:00 noon at the office in the drop-box and 4.00 p.m. for emailed electronic submissions by Friday 12th April, 2024.
- Nominations submitted by Friday 5th April, 2024 will be checked to ensure the forms have been filled correctly. Submissions received after that date will not be opened and checked until Friday 12th April, 2024, after 4.00 p.m.
- 9. LATE and/or INCOMPLETE SUBMISSIONS WILL NOT BE ACCEPTED.

## HUGGINS CREDIT UNION CO-OPERATIVE SOCIETY LIMITED NOMINATION FORM – AGM 2024 SUPERVISORY COMMITTEE

The Duties and Responsibilities of the Supervisory Committee are specified at Huggins Credit Union Bye-Law 29.2 and 29.3 which can be sourced at the office or online at https://www.hugginscu.com/media-publications.

### SECTION 1. NOMINEE - AGM 2024

Account Number:       Date of Birth:       Date/Year Joined Huggins C.U.:         Residential Address:       Mailing Address if different from above:         Place of Employment:       Address:         Position held/Job Title:       Position held/Job Title:         Telephone No. (Home)       (Cell)       (Office)         Training:       Training:	Γhis section is to be completed by the Member wishing to serve. Γhe Nominee, the Proposer and the Seconder are required to be <u>Members</u> in <b>'good standing'</b> . <u>ALL</u> fields are mandatory.					
Date of Birth:       Date/Year Joined Huggins C.U.:         Residential Address:	Name of Nominee (Block letters):					
Residential Address:         Mailing Address if different from above:         Place of Employment:         Address:         Position held/Job Title:         Telephone No. (Home)         Email address:         Training:         Skills:         Experience:         • Are you a Politically Exposed Person (PEP)?       Yes [] No []         If yes, please explain:         • Close associate of a Politically Exposed Person?       Yes [] No []	Account Number:					
Mailing Address if different from above:         Place of Employment:         Address:         Position held/Job Title:         Telephone No. (Home)         Email address:         Training:         Skills:         Experience:         • Are you a Politically Exposed Person (PEP)?       Yes [] No []         If yes, please explain:         • Close associate of a Politically Exposed Person?       Yes [] No []	Date of Birth: Date/Year Joined Huggins C.U.:					
Mailing Address if different from above:         Place of Employment:         Address:         Position held/Job Title:         Telephone No. (Home)         Email address:         Training:         Skills:         Experience:         • Are you a Politically Exposed Person (PEP)?       Yes [] No []         If yes, please explain:         • Close associate of a Politically Exposed Person?       Yes [] No []						
Address:	Mailing Address if different from above:					
Telephone No. (Home) (Cell)   Email address:	Place of Employment: Address:					
Skills:         Experience:         • Are you a Politically Exposed Person (PEP)?         Yes [] No []         If yes, please explain:         • Close associate of a Politically Exposed Person?         Yes [] No []	Position held/Job Title: Telephone No. (Home) (Cell) (Office) Email address:					
Skills:         Experience:         • Are you a Politically Exposed Person (PEP)?         Yes [] No []         If yes, please explain:         • Close associate of a Politically Exposed Person?         Yes [] No []	Training:					
<ul> <li>Experience:</li> <li>Are you a Politically Exposed Person (PEP)? Yes [] No []</li> <li>If yes, please explain:</li> <li>Close associate of a Politically Exposed Person? Yes [] No []</li> </ul>	Skills:					
<ul> <li>Are you a Politically Exposed Person (PEP)? Yes [] No []</li> <li>If yes, please explain:</li> <li>Close associate of a Politically Exposed Person? Yes [] No []</li> </ul>	Experience:					
Close associate of a Politically Exposed Person? Yes [] No []	Are you a Politically Exposed Person (PEP)? Yes [ ] No [ ]     If yes, please explain:					
	Close associate of a Politically Exposed Person? Yes [] No []     If yes, please explain:					
<ul> <li>Relative of a politically exposed Person? Yes [] No []</li> <li>If yes, please explain:</li> </ul>	Relative of a politically exposed Person? Yes [ ] No [ ]					

### SECTION 2. NOMINATION - AGM 2024

This Section is to be completed by the **Proposer** and **Seconder** ALL fields are mandatory.

Account Number:
Telephone: Office/Mobile: Date/Year Joined Huggins C.U.:
Residential Address:
Mailing Address if different from above:
Place of Employment and Address:
Are you a Politically Exposed Person (PEP)? Yes [ ] No [ ]     If yes, please explain:
Close associate of a Politically Exposed Person? Yes [ ] No [ ]     If yes, please explain:
Relative of a politically exposed Person? Yes [ ] No [ ]     If yes, please explain:
Name of Seconder (Block letters):
Account Number:       Email Address:         Telephone: Office/Mobile:       Date/Year Joined Huggins C.U.:
Account Number:       Email Address:         Telephone: Office/Mobile:       Date/Year Joined Huggins C.U.:         Residential Address:       Date/Year Joined Huggins C.U.:
Telephone: Office/Mobile: Date/Year Joined Huggins C.U.: Residential Address: Mailing Address if different from above:
Telephone: Office/Mobile: Date/Year Joined Huggins C.U.:
Telephone: Office/Mobile: Date/Year Joined Huggins C.U.: Residential Address: Mailing Address if different from above:
Telephone: Office/Mobile:       Date/Year Joined Huggins C.U.:         Residential Address:       Mailing Address if different from above:         Mailing Address if different from above:       Place of Employment and Address:         • Are you a Politically Exposed Person (PEP)?       Yes [] No []

#### **SECTION 3. DECLARATION**

I (Name of Nominee) ...... do declare as follows:

- 1. That I am duly qualified to be elected as a Member to the SUPERVISORY COMMITTEE
- 2. That:

i	I am a citizen of Trinidad and Tobago	Yes	No
ii	I am over the age of eighteen (18) years	Yes	No
iii	I am an employee of Huggins Credit Union	Yes	No
iv	I am a member of a Board or a Statutory Committee or the General	Yes	No
	Manager or Internal Auditor of another Credit Union		
v	To the best of my knowledge and belief, I am in good financial standing (not	Yes	No
	delinquent or inactive)		
vi	I am ' <b>an undischarged bankrupt</b> 1' under the laws in Trinidad and Tobago	Yes	No
vii	I am certified to be insane or otherwise adjudged to be of an unsound	Yes	No
	mind		
viii	I have been convicted of a criminal offence	Yes	No
ix	I have the time and is committed to serve	Yes	No

I have done all such lawful things incidental or conducive to the attainment of the objects and exercise of the powers of Huggins Credit Union in accordance with BYE-LAW 3(a-d).

I make this declaration conscientiously believing the same to be true and if evidence is produced to the contrary, I understand that my nomination will be rejected.

Nominee Signature: ..... Date: .....

We, the Undersigned Members of Huggins Credit Union Co-operative Society Limited do hereby nominate (Name of Nominee) ...... as a Fit and Proper Person to serve.

Proposer Name: ..... Date: ..... Date: .....

Seconder Name: ..... Date: ..... Date: .....

<sup>&</sup>lt;sup>1</sup> an undischarged bankrupt is a person who has been officially stated to be bankrupt by a court but who still has to pay his or her debts