



RHAND CREDIT UNION CO-OPERATIVE SOCIETY LIMITED
NOMINATION PROCEDURES AND FORM - AGM 2023

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 RHAND Credit Union in accordance Bye Law 1 vi "Member in good standing" means a member who is neither delinquent nor inactive.*
4. Members shall be nominated for **one (1) Committee ONLY** i.e. the Board of Directors **OR** the Credit Committee **OR** the Supervisory Committee.
5. Qualifications For Eligibility : No Member shall be eligible for nomination or election to the Board of Directors or the Credit Committee or the Supervisory Committee of RHAND Credit Union unless that person:
 - a. is a member of RHAND Credit Union
 - b. is of good standing
 - c. is of the age of 18 years or over
 - d. is not an employee of RHAND 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 Board of Directors, Credit and Supervisory Committees

All elected officers will be required to do all such lawful things to ensure that RHAND Credit Union achieves its objects in accordance with BYE-LAW 3(a-d) and is in-keeping with the Core Values of Respect, Integrity, Honesty, Fairness and Trust.

6. Submit completed and signed Form to RHAND Credit Union Cooperative Society Limited's (RHAND) by email to nominations@rhand.org.tt

OR place a hard copy in a specially marked box at any of RHAND's Offices located at Port of Spain, Arima and in Tobago in a sealed envelope addressed to:

The Secretary
Nominations Committee
RHAND Credit Union Co-operative Society Limited
57 – 61 Abercromby Street,
Port of Spain.

7. The completed Form must be submitted by **January 9, 2023** by **4.00P.M. LATE SUBMISSIONS WILL NOT BE ACCEPTED.**
8. Please note that enquiries on your application will **ONLY** be entertained in writing by email or hard copy addressed to the Secretary, Nominations Committee.

NB Non-adherence to the Nomination Procedures of RHAND may result in the disqualification of your nomination.

NOMINATION FORM – AGM 2023

- BOARD OF DIRECTORS -

The Duties and Responsibilities of the Board of Directors are specified at RHAND’S Bye Law 18 which can be sourced at <https://rhand.org.tt>.

SECTION 1. NOMINEE - AGM 2023

This section is to be completed by the Member wishing to serve.

The Nominee, the Proposer and the Seconder are required to be Members in” good standing”

ALL fields are mandatory.

Name of Nominee (Block letters):

Account No:

Date of Birth:

Date (Year) Joined RHAND:

Address:

Residential:

Mailing Address if different from above:

Place of Employment:.....

Address:.....

Present Position held :.....

Telephone No. (Home)..... (Cell)..... (Office).....

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

if Yes, please explain.....

- Relative of a politically exposed Person? Yes No

If Yes, please explain.....

SECTION 2. NOMINATION - AGM 2023

This Section is to be completed by the Proposer and Seconder

ALL fields are mandatory.

PROPOSER: (Print Name in BLOCK LETTERS)

Name: Account No:

Telephone: Office/Mobile: Email address:

Place of Employment/ Address:

Residential Address:

Mailing Address if different from above:

- Are you a Politically Exposed Person? 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:

SECONDER: (Print Name in BLOCK LETTERS)

Name : **Account No:**

Telephone: Email address:

Place of Employment/ Address:

Residential Address:

Mailing Address if different from above:

- Are you a Politically Exposed Person? 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:
.....

SECTION 3. DECLARATION

This Section is to be signed by the Nominee, Proposer and Seconder

I (Name of Nominee) do declare as follows:

1. That I am duly qualified to be elected as a Member to the **BOARD OF DIRECTORS**

2. That:-

I am a citizen of Trinidad and Tobago Yes No

I am over the age of eighteen (18) years Yes No

I am not an employee of RHAND Credit Union Yes No

I am not a member of the Board or Statutory Committee of any **other** Credit Union nor the General Manager or Internal Auditor of **another** Credit Union Yes No

To the best of my knowledge and belief, I am in good financial standing (not delinquent or inactive) Yes No

I am not an undischarged bankrupt under any laws in Trinidad and Tobago Yes No

I am not a person certified to be insane or otherwise adjudged to be of unsound mind Yes No

I have not been convicted of a criminal offence Yes No

I have the time and is committed to serve Yes No

I am in compliance with the Term Limits for Outgoing Serving Members of the Board of Directors, Credit and Supervisory Committees Yes No

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

Signatures of Nominee, Proposer and Seconder required:

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 RHAND Credit Union Co-operative Society Limited do hereby nominate (Name of Nominee)..... as a Fit and Proper Person to serve

Proposer Name: Signature: Date:

Seconder Name: Signature: Date:

SECTION 4

a) AREAS OF EXPERTISE/EXPERIENCE ASSESSMENT

CIRCLE the word or words in the Ratings Column which best describes your area(s) of competence.

Definition of Terms:

Professional refers to a person with a high level of knowledge or skill in a field/ relating to a job that requires special education, training, or skill/ done or given by a person who works in a particular profession.

Knowledgeable: have information, understanding, or skill that you get from experience or education.

Not Applicable to indicate that the term does not apply in the particular case.

No.	Area of Competence	Rating		
1.	Credit Union Management	Professional	Knowledgeable	Not applicable
2.	Management experience in a financial institution	Professional	Knowledgeable	Not Applicable
3.	Other governance experience in a credit union or other financial institution or a non-profit organisation, NGO/CBO.	Professional	Knowledgeable	Not Applicable
4.	Financial Management and Control	Professional	Knowledgeable	Not Applicable
5.	Strategic Planning	Professional	Knowledgeable	Not Applicable
6.	Marketing/Promotion/	Professional	Knowledgeable	Not Applicable
7.	Regulatory expertise	Professional	Knowledgeable	Not Applicable
8.	Information Technology	Professional	Knowledgeable	Not Applicable
9.	Legal expertise	Professional	Knowledgeable	Not Applicable
10.	Communication (Oral and Written/ Social Media)	Professional	Knowledgeable	Not Applicable
11.	Writing/Journalism	Professional	Knowledgeable	Not Applicable
12.	Volunteerism	Professional	Knowledgeable	Not Applicable
13.	Human Resource/Industrial Relations	Professional	Knowledgeable	Not Applicable
14.	Other (please specify)	Professional	Knowledgeable	Not Applicable

b. SKILL/CAPABILITY ASSESSMENT

RHAND Credit Union Co-operative Society Limited expects each nominee to bring to the Credit Union a certain level of knowledge and experience, demonstrate certain attributes and adhere to certain principles.

The following questions will help to assess the extent to which you meet these expectations.

Please indicate YES or NO in the space provided.

No.	Skill/ Capability	Yes	No.
1.	Do you meet the minimum eligibility requirements?	<input type="checkbox"/>	<input type="checkbox"/>
2.	To the best of your knowledge, are you free of any conflict of interest?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have sufficient time and energy to devote to the performance of the duties?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have good oral and written communication skills?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are you willing to assume/commit to the responsibilities associated with the office?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have experience serving on the Board or Committee of a credit union or other financial institution or a non-profit organisation, NGO/CBO?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you have access to an electronic device (computer, laptop, or tablet) and internet?	<input type="checkbox"/>	<input type="checkbox"/>