

HEAD OFFICE**GABORONE**

P.O. Box 81773

Molapo Crossing

Gaborone

Tel: 3959733

**BRANCHES****PALAPYE**

P/Bag 7

Palapye

Tel: 4921992

Fax: 4921992

FRANCISTOWN

P.O. Box 815

Francistown

Tel: 2401793

Fax: 2401818

SELIBE PHIKWE

P.O. Box 170

Selibe Phikwe

Tel: 2600547

Fax: 2611137

NOMINATION FORM FOR ELECTION TO THE CREDIT COMMITTEES

Section A: Nominee Details

- Full Name: _____
- Membership Number: _____
- Contact Number: _____
- Email Address: _____
- Branch: _____

Section B:

- CANDIDATE'S BIOGRAPHICAL INFORMATION:** Please indicate those areas noted below in which you have some experience/knowledge. For those areas noted, please describe your related experience/knowledge (*summary*).

Educational/Professional Designations:**Work Experience:**

HEAD OFFICE**GABORONE**

P.O. Box 81773

Molapo Crossing

Gaborone

Tel: 3959733

**BRANCHES****PALAPYE**

P/Bag 7

Palapye

Tel: 4921992

Fax: 4921992

FRANCISTOWN

P.O. Box 815

Francistown

Tel: 2401793

Fax: 2401818

SELIBE PHIKWE

P.O. Box 170

Selibe Phikwe

Tel: 2600547

Fax: 2611137

- ii. **CANDIDATE'S MOTIVATION LETTER:** Include whatever statements you would like Maitlamo SACCOS Nominations Committee to know regarding your candidacy (skills, experiences, why you wish to serve on Board/Committee).

SECTION C: Declaration by candidate: I acknowledge that the information I have provided is true and factual. I confirm that I meet the eligibility criteria as set out in the **Bye-Laws of Maitlamo SACCOS** and agree to abide by the rules and regulations of the Society.

Signature of candidate: _____

Date: _____

SECTION D: Office Use only

- Date Received: _____
- Received by: _____

SECTION E: To be completed by Nomination Committee

Does the candidate meet the following requirements?

Criteria for vetting interested candidates	Tick where appropriate	
	Yes	No
Candidate submitted a duly completed and signed nominations form		
Candidate attached CV and certified Identity Card copy		
Candidate attached certified copies of education certificates (Minimum qualification of Form 5)		
Candidate is a member in good standing.		
Candidate submitted Customer Credit History Record (ITC report)		
Police Clearance Report		
Motivation Letter (Section C (ii))		
Candidate is a member of another SACCOs.		
Candidate is eighteen (18) years of age and above.		
Candidate is employed under the Society		
Candidate is engaged in business as a money lender		

HEAD OFFICE**GABORONE**

P.O. Box 81773

Molapo Crossing

Gaborone

Tel: 3959733

**BRANCHES****PALAPYE**

P/Bag 7

Palapye

Tel: 4921992

Fax: 4921992

FRANCISTOWN

P.O. Box 815

Francistown

Tel: 2401793

Fax: 2401818

SELIBE PHIKWE

P.O. Box 170

Selibe Phikwe

Tel: 2600547

Fax: 2611137

Candidate has been convicted of an offence involving dishonesty.		
The candidate has been imprisoned for six (6) months or more within the past five years.		
Candidate is a delinquent to the Society.		

SECTION F: Nomination Committee Final Decision☐ Eligible☐ Not Eligible

Remarks (if any):

No.	NAMES	POSITION	DATE	SIGNATURE
1.				
2.				
3.				