

NOMINATION FORM: BOARD OF TRUSTEES

Please note: the official nomination requires the <u>original</u> signatures of both <u>the candidate</u> and at least <u>two nominators.</u> (A member as described in the ICCD Constitution under Article V) This means you must submit a <u>completed, signed, paper copy of this form prior to the deadline, September 30^{th.} Photocopies, faxes, or electronic signatures will not be accepted.</u>

Before completing this form, all candidates are asked to note the general eligibility requirements which apply to all general body members, as set out in the ICCD Constitution. (Article VIII, section 8)

A. CANDIDATE INFORMATION

| Name of Candidate | | |
|--|---|--|
| | 3 | |
| Please print name | | |
| B. NOMINATORS' DETAILS AND SIGNATURES | | |
| This information will be used to check eligibility, where required by the relevant regulation. | | |
| | | |
| | | |
| 1. First Nominator | | |
| | | |
| Title & Full Name of | | |
| Nominator: | | |
| (e.g. Dr JOHN A.N. DOE) | | |
| | | |
| SIGNATURE | | |
| | | |
| | | |
| 2. SECOND NOMINATOR | | |
| | | |
| TITLE & FULL NAME OF NOMINATOR: | | |
| (e.g. Dr JOHN A.N. DOE) | | |
| | | |
| SIGNATURE | | |
| | | |

C. DECLARATION BY CANDIDATE

I declare that I am eligible and willing to serve in the office shown above if duly elected; that the information given in sections A, B and C is accurate; and that I am willing for all or any of the information, at the Election Committee's Chair.

| SIGNATURE OF CANDIDATE | |
|------------------------|--|
| DATE | |