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Website:www.fortitudesacco.co.ke

## **ELECTION NOMINATION APPLICATION FORM**

1.I	holder of ID No					
M/No	Personal No					
present n	nyself for nomination at Fortitude Sacco ltd to contest the position of: (Tick where					
appropria	te)					
Member o	of Board of Directors Region					
Superviso	ry Committee Cluster					
Delegate	Zone					
2.	Member's Details					
	Member No.					
	Date of joining the SACCO					
	Date of birth					
	Shares capital as at the date of application ksh					
	Share Deposits as at the date of application					
	Contact address					
	Mobile number					
	Employer Name					
	Terms of employment					
	Expiry date if contract					
	Current position at place of					
	employment					
	Highest Academic					
	qualifications					
	Highest Professional qualifications					
	Any other qualifications					

## 3. Leadership positions held

Name of	Position Held	From	То	Achievements
Organization				

4.	Declaration								
	I,	declare that the information							
	given is true to the	iven is true to the best of my knowledge. Further, i accept and authorize publication of							
	ership when elected or	n							
the board/Supervisory committee/delegate. I also understand that my obligations wit related party dealings in the Sacco shall be disclosed to the members annually without									
	bound by the So	ciety's Act, Rules, B	ylaws, Sacco	policy and	l rules governing th	.e			
	nominations and el	ection procedures in For	titude Sacco l	td.					
	Applicant's name.								
Signature Date									
	Witness name			(Must	t be an active member	r of			
	the Sacco) SignatureDate								
5.	Employer/Commiss	Employer/Commissioner of Oath							
	I ,		Title		do				
	hereby confirm that	e of in							
the Department									
	Name		Signature						
	Stamp	Dat	e						