



NEWHAVEN COLLEGE CO-OPERATIVE LIMITED
NOMINATION FORM

Name _____ Age _____

Qualifications and Experience _____

Length of any previous service as a director of the co-operative or any other co-operative

I, _____ Proposer's Name

_____ Signature

And

_____ Seconder's Name

_____ Signature

Nominate _____ Nominee's Name

To serve on the Board of Newhaven College Co-operative Limited.

If elected, I agree to serve on the Board of Newhaven College Co-operative Limited.

Nominee's Signature _____

Date of Nomination _____