



TSHWARAGANO

MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

P.O BOX 81027, GABORONE

TEPHONE NO: 3908227

FAX NO: 3191534

REGISTRATION NO: 143

NF2026

NOMINATION FORM FOR ELECTION TO MOTSWEDI SACCOS COMMITTEES

Please note that this form is exclusively for nominating a person for elections eligibility.

Part 1: To be filled by the Nominator

Name of candidate nominated: _____ Membership No: _____

Committee nominated for (Tick only 1)

Management Board	☐	Supervisory	☐	Credit	☐	Nominations	☐
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Physical Address of candidate:

Postal address of candidate:

State the reasons for nominating the candidate:

Nominator: 1

Nominator: 2



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We, the undersigned, nominated the above-named candidate for election/re-election to Motswedi SACCOS committees. We confirm that this member identifies with Motswedi SACCOS values and will be a valuable asset to the institution.

1. Nominator's Name (Print): _____ Membership No: _____

Cell: _____ Physical address: _____

Date: _____ Signature: _____

2. Nominator's Name (Print): _____ Membership No: _____

Cell: _____ Physical address: _____

Date: _____ Signature: _____

Part 2: To be filled by candidate

I Accept the nomination (Please tick)	Yes	No
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State the reasons for **Accepting** or NOT accepting the nomination:

Candidate declaration;

Declaration	Tick where appropriate	
	Yes	No
I am a member in good standing		
I am employed under the Society.		
I am engaged in business as a money lender.		
I am committed to the future growth of the Society		
I have time available to advocate for the Society		
I have been convicted of an offence involving dishonesty.		
I am a rehabilitated insolvent.		
I have been removed from an office of trust due to misconduct.		
I am a member of another SACCOS		
I will not bring disrepute to Motswedi SACCOS business		



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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. **Note:** It is not expected that all candidates or Directors will possess experience/knowledge in all areas.

Educational/Professional Designations:

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Work Experience:

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**Board and/or Committee Experience:
Leadership:**

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Community Involvement/other Interests:

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CANDIDATE'S POSITION STATEMENT: (Qualifications, Skills, Experiences)

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Declaration by candidate: I acknowledge that the information I have provided is true, factual and I also acknowledge that I may be disqualified in an event any of the above is not true.

Membership No: _____ Cell/Phone (s): _____ Email: _____

Signature of candidate: _____ Date: _____