 

Election of Member-Nominated Trustees Nomination Form 2024

NAME OF PERSON NOMINATED: ………………………………………………………………...……...……...…………… NOMINEE’S PAYROLL NO: …………………………... NOMINEE’S ASSOCIATION: …………………………………. NOMINEE’S ACCEPTANCE:

I confirm that I accept nomination as a Trustee of Makerere University Retirement Benefit Scheme and that, if elected, I shall serve diligently. (Nominee’s Signature)

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| **NAME** | **PAYROLL NO.** | **STAFF ASSOCIATION** | **SIGNATURE** |
| PROPOSER: |  |  |  |
| SECONDER: |  |  |  |
| SUPPORTERS: |  |  |  |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

***Note: A proposer, seconder, or supporter is not allowed to endorse the Nomination Form of another candidate involved in this exercise.***