

Director Nomination Form

Date: _____

Dear Members,

Nomination for the position of a Director with ICB.

(Nominees must be endorsed by two (2) ICB Members)

We _____ Member no. _____

& _____ Member no. _____

hereby nominate:

_____ (the nominee) Member no (if applic) _____

Of _____

(Business Name - Suburb & State)

to be considered by the Members for the position of Director of The Institute of Certified Bookkeepers Ltd (ICB).

We have read the information provided by the nominee and believe it to be true and correct.

We commend the nominee to the members.

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Nomination Information

Members nominated for consideration as a Director of The Institute of Certified Bookkeepers Ltd (ICB) are asked to complete and submit the following Declaration.

I, _____ hereby agree to be nominated for consideration by the members to be a Director of ICB and if so elected consent to act in accordance with the obligations as set out in the 'Requirements for ICB Directors'.

I provide the following declarations and information that can be made available to all ICB members.

Nominee Details

Member No: _____

Given Name: _____

Surname: _____

Email: _____

Mobile Phone No: _____

Business Name: _____

Address (Suburb & State only): _____

Suitability to be a Director

	Yes	No
I am over 18	<input type="checkbox"/>	<input type="checkbox"/>
I am eligible in accordance with the requirements of ASIC and the Corporations Act 2001 to be a Director: https://asic.gov.au/regulatory-resources/financial-reporting-and-audit/directors-and-financial-reporting/ https://asic.gov.au/for-business/small-business/	<input type="checkbox"/>	<input type="checkbox"/>
I have completed a Police check – results attached. https://www.afp.gov.au/our-services/national-police-checks	<input type="checkbox"/>	<input type="checkbox"/>

Signed: _____

Date: _____