NOMINATION FORM

(Pursuant to The Co-operative Societies Ordinance)

Name of Society: Grena	ada Public Servi	ce (Co-opei	rative) Cred	dit Union			
Member's Account Num	ber						
I,							
Residence				•••••			
Occupation							
Servant of the Society, u	nless such person is whom shall be tra	is the Husbar ansferred my	nd, Wife, Fath property in t	her, Mother, he Society, v	e only person(s) (none of t Child, Brother, Sister, Nep whether in Shares, Loans, I es:-	hew or Niece o	f me, the
Name	Occupation	Date of	Marital	Contact	Address	Rela-	(%)
		Birth	status	number		tionship	
(Where the Nominator i in it, is to be specified).	s not intended to c	omprise the v	whole of the 1	member's pro	operty in the Society, the ar	nount to be con	nprised
Any previous Nomination	on made by me is	hereby cance	elled.				
As Witness my hand, th	is	day of		Tw	o Thousand and		
Signature of Nominator	·						
Signature of Witness							
Address of Witness							
Signature of Witness							
Address of Witness							
I declare that the presen	t nomination was o	deposited with	h the Society	on			············
					Sianaturo o		