

ELECTIVE GENERAL MEETING 2021

NOMINATION FORM

POSITION APPLIED FOR:

1.

FIRST NAME	
SURNAME	
AGE	
PERMANENT MAILING ADDRESS	
NATIONAL IDENTITY NO.	
OCCUPATION & DUTY STATION	
CONTACT NUMBER	
EMAIL ADDRESS	

2. Have you ever been previously charged or found guilty of an offence corresponding to a violation of the Rules of Conduct or Constitution of BOTUBS.





If yes, please specify:

3. Are you currently subject to any pending civil, criminal disciplinary proceedings or investigations by any independent or legal body that may affect your position in respect of BOTUBS.

	NO	YES
lf yes, plea	se specify:	

4. Have you previously been convicted of any offence with an element of dishonesty?

ΝΟ	YES	
If yes, please specify:		

5. I am fully aware that I am subject to the provisions of BOTUBS's Constitution, Statutes, Regulations and Code of Conduct that may address any integrity issues, and in that regard confirm that I agree with and will comply fully with such provisions.

NO	YES

- 6. I am fully aware that:
 - 6.1. I am obliged to notify the body conducing the eligibility check of any relevant facts and/ or circumstances that may arise after the eligibly check has been completed, and that any failure by me to do so may be subject to sanction by the appropriate body.

- 6.2. I am obliged to collaborate any facts which may arise due to an eligibility check that I am subject to, and in particular confirm that I will comply with any request for any documents, information or other material as and when called upon to do so. In addition, I will comply with the procurement and provision of documents, information or any other material of any nature not held by me but which I am entitled. I am fully aware and confirm that non-compliance with such request may lead to sanctions imposed by the appropriate body.
- 6.3. It is an essential condition for a candidate applying for the position concerned to fully cooperate and to provide truthful and complete information, and should I fail to do so I may be declared ineligible, and such failure to disclose may result in action being instituted against me.

		NO			YES	
SIGNAT	URE:		NAME	:		

PLACE: _____DATE:

ENDORSEDED BY:

NAME	SURNAME	ID #	CONTACT #	SIGNATURE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				