

PO Box 159 Strawberry Hills NSW 2012 P: 0448 262 677 E: secretary@ambprov.org.au www.ambprov.org.au ABN 39 103 429 698

## Director Nomination Form – Director APF 2024 Board Election

I agree to be nominated for the position of Director for the Ambulance Provident Fund Ltd (APF) and provide the following information to meet ASIC requirements. If accepted, I agree to abide by the Constitution and Rules of the Fund.

## Nominee, nominator and seconder must be current financial members of the APF.

Full Name of nominee: (Please print)	
Place and country of birth:	
Current residential address:	
Director ASIC ID number:	
Signature of nominee:	
Nominated by: (Please print)	
Signature:	
Seconded by: (Please print)	
Signature:	

Please attach a brief statement of your background including any current or past Board positions with other organisations, your experience on Boards or Committees, the reasons you are standing for nomination, how you will meet the requirements of the position of a Director and the appropriate qualifications and skill sets you can bring to the Board. (Up to 500 words/ 3000 characters including spaces will be accepted)

This nomination form must be lodged by email to <u>AGM@ambprov.org.au</u> By 1700hrs Friday 18 October 2024.