

## Director Nomination Form

### PART 1 – MEMBER NOMINATED AS A CANDIDATE FOR ELECTION AS A DIRECTOR

Member No.	First Name		Last Name	
Unit/Street No.	Street		Suburb	Post Code
Date of Birth	Place of Birth		Occupation	
 Home Phone No.	 Mobile Phone No.		 Work Phone No.	
 e-mail address (if applicable)				

### PART 2 - CONSENT TO ACT

Pursuant to Section 201D of the Corporations Act 2001 (Cth) and Clause 37 of the Constitution of Ostomy NSW Limited ABN 92 003 107 220 (the "Company"), I consent to act as a Director of the Company.

Nominee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PART 3 – PROPOSER AND SECONDER DETAILS

Proposer			
Member No.	Name	Signature	Date
 Home Phone No.	 Mobile Phone No.		 Work Phone No.
 e-mail address (if applicable)			

Seconder			
Member No.	Name	Signature	Date
 Home Phone No.	 Mobile Phone No.		 Work Phone No.
 e-mail address (if applicable)			

**For this nomination to be valid, all parts must be correctly completed and the form received at the ONL offices not later than the time and date nominated in the Explanatory Memorandum attached to the Notice of Annual General Meeting . You can use one of the following methods to lodge the form:**

-  Post to PO Box 3068, Kirrawee, NSW 2232
-  Fax to 02 9542 1400
-  e-mail to [info@ostomynsw.org.au](mailto:info@ostomynsw.org.au)