

**2019 REGIONAL AGM – OFFICER NOMINATION FORM**

Date:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PFS Region:** | | | |  | | | | | | | | | | | | | | | | | |
| **I/We nominate:** | | | |  | | | | | | | | | | | | | | | *Block Capitals Please* | | |
| (You may nominate yourself) | | | |  | | |  |  | |  | | |  | | | | | |
| **For the 2019 committee position** *(Please tick appropriate box):* | | | | | | | | | | | | | | |
| **Chair** |  | | **Membership Officer** | |  | **Professional Qualifications Officer** | | |  | | | **Chartered Champion** | | | | | |  | **New Professionals Officer** |  |
|  |  | |  | |  |  | | |  | | |  | | | | | |  |  |  |
|  |  | |  | |  | **Education Outreach Ambassador** | | |  | | | **Committee Support Officer** | | | | | |  |  |
|  |  | |  | |  | | | | | |  | | | | | |
| **Proposer** | | | | | | | | | | **Seconder** | | | | | | | | | | |
| **Name:** | |  | | | | | | | | **Name:** | | | | | |  | | | | |
| **Signature:** | |  | | | | | | | | **Signature:** | | | | | |  | | | | |
| **PFS PIN:** | |  | | | | | | | | **PFS PIN:** | | | | | |  | | | | |
| **Declaration**:  I agree to the above nomination. If elected, I shall fulfil my responsibilities in accordance with the constitution of the Society and in the best interest of its members. I further agree that during and after holding a committee position with the Society shall be bound by the following:  All communications, correspondence, reports, papers, and documents relating to any aspect of the Association, including any information pertaining to members in whatever format held, will be privileged and confidential. These shall not pass out of custody of the proper member of staff or the committees save on the express authority of the Board of Directors or authorised member of the PFS staff as recorded in the minutes except in so far as the same may be disclosed in the ordinary course of the business of the Association. The principles of the Data Protection Act and GDPR are to be adhered to.  I understand any breach of the above agreement may result in disciplinary measures being taken by the Board of Directors of the PFS. Serious breaches could result in removal from Office and possible subsequent termination of membership.  I confirm that I hold full (paid-up) membership of the Personal Finance Society | | | | | | | | | | | | | | | | | | | | |
| **Nominee Signature:** | | | |  | | | | | | | **PFS PIN:** | | |  | | | | | | |
| **Name:** | | | |  | | | | | | | | | | | | | | | | |
| **Address:** | | | |  | | | | | | | | | | | | | | | | |
| **Email:** | | | |  | | | | | | | | | | | | | | | | |
| **Professional Qualification(s):** | | | |  | | | | | | | | | | | | | | | | |
| **Telephone number (w/m):** | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |
| This form must be completed in full for the nomination to be valid. Please return to Central Office: 21 Lombard Street, London, EC3V 9AH or email Daniel.moodliar@thepfs.org | | | | | | | | | | | | | | | | | | | | |