



MCPF

MEMBER TRUSTEE NOMINATION FORM - 2024

FULL NAME & SURNAME	
ID NUMBER	
PENSION NUMBER	
MUNICIPALITY	
PROVINCE	
CONTACT NUMBER	
EMAIL ADDRESS	

<p>BRIEF CV [This is optional and will be loaded onto the Website if provided]</p> <p>.....</p> <p>.....</p> <p>.....</p>
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I have read Rule 8A (the Role of the Board) and the Trustee Remuneration Policy, I accept nomination as a trustee, and I undertake to sign the Acceptance of Trust form and to be bound by the Fund’s Code of Conduct and Gift Policy.

SIGNATURE		DATE	
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This nomination must be supported by at least one member: **PLEASE ENSURE THAT INDIVIDUALS SECONDING YOUR NOMINATION ARE FROM YOUR MUNICIPALITY/PROVINCE**

NAME	ID NUMBER/PENSION NUMBER	SIGNATURE

THE COMPLETED FORM MUST BE EMAILED TO newboard@mcpf.co.za 7 DAYS BEFORE PROVINCIAL MEETING