



TWCU CREDIT UNION  
CO-OPERATIVE SOCIETY LIMITED

Date: \_\_\_\_\_ (dd/mm/yy)

Print Nominee Name: \_\_\_\_\_

**Nominee Consent Form**  
**Failure to authorize consent could**  
**result in your non approval as a**  
**Nominee for 74<sup>th</sup> AGM 2024**

I hereby authorize and consent to TWCU Credit Union Co-operative Society Limited (or any of its affiliates or subsidiaries) requesting, receiving and/or exchanging any financial or credit reports and/or other information which it may have in its possession about me from or with any of its affiliates or subsidiaries, agents, third party assignees, other financial institutions, Credit Bureaus or Credit reporting agencies or any other person or corporation with whom I may have or propose to have financial business dealings from time to time.

Such information may be used to better understand my financial situation, to offer me any products/services, for periodic portfolio monitoring and/or risk assessment purposes.

I hereby indemnify TWCU Credit Union Co-operative Society Limited against any loss, claims, damages, liabilities, actions, and proceedings and *legal and/or other expenses* which may be incurred as a consequence of the disclosure of my financial or credit report and/or other information.

Nominee Signature \_\_\_\_\_ Date \_\_\_\_\_ (dd/mm/yy)

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**OFFICIAL USE ONLY**

Print Nominating Committee member Name \_\_\_\_\_

Nominating Committee member Signature \_\_\_\_\_

Date \_\_\_\_\_ (dd/mm/yy)