



Nomination Form

Anyone wishing to be considered for nomination to the Branch Committee must be either be a FCICM, MCICM or MCICM(grad) of the Institute.

Please complete the form below, including details and signature of two sponsors, who must be members of the Institute, and return it to Paula Uttley MCICM, Sheffield and District Branch Chair.

CHARTERED INSTITUTE OF CREDIT MANAGEMENT – SHEFFIELD & DISTRICT BRANCH

To be returned to: Paula Uttley MCICM Paula.Uttley@hartshaw.co.uk

NOMINATION FOR BRANCH COMMITTEE

| | Nominee | Sponsor one | Sponsor two |
|---|---------|-------------|-------------|
| Name | | | |
| Address & Contact Number (Daytime) | | | |
| Institute Status | | | |
| Membership number | | | |
| Signature | | | |
| Date | | | |