

DIRECTOR NOMINATION

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

Member Number	First Name	Last Name	
Unit/Street No.	Street	Suburb	Post Code
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 Queensland Stoma Association Ltd 82 438 903 230 (the “Company”), I confirm that I am eligible for election as, and 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)			

Please submit completed nomination form together with a brief candidate profile to the Company Secretary of QSA Ltd no later than 14 days before the time and date stated in the Notice of Annual General Meeting

Post to: PO Box 370, CHERMSIDE QLD 4032

Fax to: 07 3350 1882

Email to admin@qldstoma.asn.au