Nominations Form for KLP Small Business Directors

Small Business Member Name:…………………………………………………………………………………………….

Membership Number:………………………………………

Wish to nominate ………………………………………………………………. *(complete person’s name)*

of ……………………………………………………………………………………… *(complete Member organisation’s name)*

**to be a Director of Kilkenny LEADER Partnership Clg.**

***Declaration of Probity***

This nomination has been agreed by our corporate governance structures and the undersigned delegate has been authorised to enact the nomination on our Member part.

………………………………………………………………….. *(enter authorised delegate’s name in block capitals)*

*…………………………………………………………………. (authorised delegate’s signature)*