



NOMINATION FORM FOR DIRECTOR

Date: ____/____/ 2025

To: The Secretary/Manager,

I hereby nominate _____ for the position of Director with
Full Name of Nominee
Orange Credit Union Limited.

Name of Nominator: _____ Member No. _____

Signature of Nominator: _____

Name of Seconder: _____ Member No. _____

Signature of Seconder: _____

Acceptance of Nomination

I _____ hereby accept the above nomination
Full Name of Nominee

and if appointed, consent to act as a director of Bank Orange and declare that I have read, fully understand, and agree to carry out the duties and responsibilities of being a Director as outlined in the Director Nomination Information Kit.

I further acknowledge that prior to becoming a Candidate for election by Bank Orange members, I must be confirmed as a Fit and Proper person by Bank Orange's independent Director Nominations Committee.

Signature of Nominee: _____ Member No. _____