



ICYC NOMINATION FORM

ALL INFORMATION SHOULD BE FILLED IN BOLD LETTERS.

NOMINATING ORGANIZATION'S DETAILS

ORGANIZATION'S NAME:

ORGANIZATION'S ABBREVIATION (IF ANY):

MAILING ADDRESS:

TELEPHONE NO (WITH COUNTRY CODE):

EMAIL:

CONTACT PERSON'S NAME (AS PER PASSPORT AND IN BOLD LETTERS):

POSITION (CONTACT PERSON):

OFFICIAL EMAIL ADDRESS (CONTACT PERSON):

NOMINEE'S DETAILS

FULL NAME (AS PER PASSPORT AND IN BOLD LETTERS):

GENDER:

DATE OF BIRTH (DD/MM/YY):

POSITION (NOMINEE):

MAILING ADDRESS (IF DIFFERENT FROM THE NOMINATING ORG):

TELEPHONE NO (WITH COUNTRY CODE):

WHATSAPP NO (WITH COUNTRY CODE):

OFFICIAL EMAIL ADDRESS:



AUTHORIZED PERSON'S DETAILS

FULL NAME (AS PER PASSPORT AND IN BOLD LETTERS):

POSITION:

MAILING ADDRESS (IF DIFFERENT FROM THE NOMINATING ORG):

TELEPHONE NO (WITH COUNTRY CODE):

OFFICIAL EMAIL ADDRESS:

SIGNATURE

SIGNATURE OF THE NOMINEE:

SIGNATURE OF THE AUTHORISED PERSON:

ORGANISATION STAMP:

DATE:

INSTRUCTIONS:

- *Duly filled nomination form should be sent to ICA-AP by email to the ICYC Secretary, Ms. Simren Singh at simren.singh@icaap.coop.*
- *Please submit a high-resolution picture (above 1 MB) and a short description of the nominated person.*
- *Please mention the country code in the mailing address, telephone and mobile number.*
- *In case of more than one nomination from the member co-op organization, please fill separate forms.*