



International
Co-operative Alliance
Asia and Pacific
Committee on Youth Co-operation

ICYC NOMINATION FORM

ORGANIZATION NOMINATING INFORMATION

Name of Organization:

Acronym/ Abbreviation:

Current address:

City:

Organization Tel:

Contact Person:

State:

Organization Fax:

Position:

ZIP Code:

E-mail:

NOMINEE'S INFORMATION

Full name of the Nominee (as per his/her Passport, in bold letters):

Nominee address:

Phone:

City:

First Name:

E-mail:

State:

Last Name:

Position:

Fax:

ZIP Code:

**Date of Birth:
(DD/MM/YYYY)**

ORGANIZATION'S AUTHORIZED PERSON

Full name of the Nominee's (as per his/her Passport, in bold letters):

Authorized Person's address:

Phone:

City:

First Name:

E-mail:

State:

Last Name:

Position:

Fax:

ZIP Code:

**Date of Birth:
(DD/MM/YYYY)**

SIGNATURES

Signature of Nominee & Authorized Person :

Date:

ORGANIZATION STAMP:

Note:

Duly filled nomination form to be sent to ICA-AP by e-mail to Mr. P. Santosh Kumar, Secretary at santosh@icaroap.coop or santosh.kumar@icaap.coop .

Do mention the country code for each of the Telephone/Fax/Cell Number.

Nominating coop organization must fill separately this form for each individual if they are more than one person and send the profile pictures and a brief biography with it of individuals.