

The Secretary

Reserve Bank Health Society Limited 2-12 Young Street

WOLLONGONG NSW 2500

**Nomination and Consent to act as Director form**

**(You only need to return this form if you intend to nominate as a candidate at the 2023 Director Election)**

I ................................................................................. wish to nominate as a candidate for election as a

*(name of nominee)*

Director of the Reserve Bank Health Society Ltd. I also consent to my appointment as a Director of the Reserve Bank Health Society Ltd if elected.

**Declaration**

I declare that:

* The information I have provided in this Nomination Form as well as all other information provided by myself as part of my nomination for the position of Director of the Reserve Bank Health Society Ltd (RBHS) is true and correct.
* That I have read and agree with the Privacy Statement on this Nomination Form and the RBHS Privacy Policy.

Member number ……………………………………………………………………………………… Signature ……………………………………………………………………...………………. Date …………………………………………………………………..……………..……

Please return the completed form and the requested information by 5pm on 15 September 2023 either via email or post.

***Privacy Statement:*** Please note that all personal and sensitive information collected as part of your nomination for the position of Director of the Reserve Bank Health Society Ltd (RBHS) will be dealt with in accordance with the Australian Privacy Principles as set out in the *Privacy Act 1988* (Cth).

Further details about the RBHS Privacy Policy may be found at: [myrbhs.com.au/privacypolicy.](https://www.myrbhs.com.au/privacypolicy)