



NOMINATION FORM FOR THE ADMINISTRATOR POSITION

Nominations to represent the territory of (identify a single box) :

Internal territory

(Acton Vale, Béthanie, Bonsecours, Durham Sud, Eastman, L'Avenir, Lawrenceville, Lefebvre, Maricourt, Melbourne Canton, Orford, Racine, Roxton Canton, Roxton Falls, Roxton Pond, Saint-Aimé/Massueville, Saint-Hugues, Saint-Joachim-de-Shefford, Saint-Jude, Saint-Marcel-de-Richelieu, Saint-Nazaire-d'Acton, Saint-Théodore-d'Acton, Sainte-Anne-de-la-Rochelle, Saint-Barnabé Sud, Saint-Bernard-de-Michaudville, Sainte-Christine, Stukely Sud, Valcourt, Valcourt Canton, Warden et Wickham)

External territory

Name of the designated member wishing to stand for elections as registered with Cooptel:

Service address of the designated member as registered with Cooptel:

Mailing address of the designated member if different from the service address:

NOMINATION FOR THE COOPTEL ADMINISTRATOR POSITION

We, the members below, whose names, addresses and telephone numbers appear next to our signatures, are qualified to vote and hereby appoint the member designated to be a candidate for the administrator position during the elections of Cooptel's annual general meeting May 12th, 2020.

NOTE : A MINIMUM OF 10 MEMBERS' NAMES IS REQUIRED

NAME OF MEMBER	ADDRESS OF MEMBER	TELEPHONE	SIGNATURE OF MEMBER
			1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.
			9.
			10.

CONSENT OF DESIGNATED PERSON AND RESERVE DECLARATION

I, _____, the member designated in this nomination form for Cooptel's administrator position, accept and declare that I am eligible and fit to hold the position for which I have applied, including the prerequisites in Chapter V of the Regulations No 1 of Cooptel, confirms that the information described in this form is true.

Declared before me at the Cooptel business office at 5521 Airport Road in Valcourt on this _____ day of April 2020 at _____ h.

SIGNATURE OF THE SECRETARY OR HER REPRESENTATIVE

SIGNATURE OF THE DESIGNATED MEMBER

CERTIFICATE

I, Cooptel's secretary, hereby certify that I have examined and verified the nomination form for Cooptel's administrator position, that the designated member has been registered and I declare that I am completely satisfied with the information described and that the designated member is eligible for the administrator position and that the members are qualified to vote for Cooptel's administrator position.

SIGNATURE OF THE SECRETARY

DATE

Note: please see Regulation No. 1 Chapters V, on our website, Members Section, for more information.