## TSC STAFF SUPERANNUATION / RETIREMENT BENEFITS SCHEME



## **CANDIDATE APPLICATION FORM**

I, \_\_\_\_\_\_TSC No\_\_\_\_\_do hereby apply to be elected as a Trustee of the Teachers Service Commission Staff Superannuation/Retirement Benefits Scheme. I confirm that I have read the Scheme's Trustees' Appointment and Resignation Policy, and I will abide by its provisions. I do confirm that I am of sound mind and have:

- 1. Not undergone a disciplinary process in the last two (2) years and found guilty of the offense;
- 2. Not been sentenced to imprisonment by a court of competent jurisdiction for a period of six months or more;
- 3. no pending criminal case;
- 4. not been adjudged bankrupt;
- 5. not previously been involved in the management or administration of a Scheme which was deregistered for any failure on the part of the management or the administration thereof;
- 6. not been disqualified under any other written law, or my holding office is not deemed by the Authority as being, in any way, detrimental to the Scheme;
- 7. not been involved in fraudulent behaviour including misrepresentation and/or identity theft, tax fraud or the abuse of tax systems;
- 8. undertaken to fulfil my responsibilities and duties as a Trustee in good faith and in accordance with the law and within the Scheme's purpose and objectives;
- 9. no financial or personal interests in conflict with those of the Scheme (either in person or through family or business connections) except those which I have formally notified in a conflict of interest statement. I will specifically notify any such interest at any meeting where Trustees are required to make a decision which affects my personal interests, and I will absent myself entirely from any decision on the matter and not vote on it.

The following Members of the Scheme support my nomination and I confirm that they have not been coerced to do so.

<sup>&</sup>quot;By signing this Form, I consent to the collection and processing of my personal data by TSCSRBS for purposes of Trustees Election".

## **PROPOSER**

Name:	TSC No:	ID No:	
Directorate:	Signature:	Date:	
	SECONDER		
Name:	TSC No:	ID No:	
Directorate:	Signature:	Date:	
	APPLICANT		
Name:	TSC No:	ID No:	
Directorate:	Signature:	Date:	
	ploured passport photo. lational Identity card. more than 250 words.		

"By signing this Form, I consent to the collection and processing of my personal data by TSCSRBS for purposes of Trustees Election".