

The Actuarial Society of Kenya (TASK)**Council Elections Nomination Form – 2025****Section A: Candidate Details**

Full Name: _____

Membership Number: _____

Membership Status: ☐ Fully Paid-upPosition Sought: ☐ Chairperson ☐ Council Member

Contact Information:

Email: _____

Phone: _____

Candidate's Profile (attach separately, max 2 pages): ☐ Attached**Section B: Candidate's Consent**

I, the undersigned, hereby consent to be nominated as a candidate for the position of:

☐ Chairperson ☐ Council Member

Signature: _____ Date: ____ / ____ / 2025

Section C: Proposers

(Chairperson requires 5 proposers; Council Member requires 2 proposers)

Proposer 1

Full Name: _____

Membership Number: _____

Signature: _____

Proposer 2

Full Name: _____

Membership Number: _____

Signature: _____

Proposer 3

Full Name: _____

Membership Number: _____



Signature: _____

Proposer 4

Full Name: _____

Membership Number: _____

Signature: _____

Proposer 5

Full Name: _____

Membership Number: _____

Signature: _____

Section D: Declaration

I confirm that:

1. The candidate must fill the nomination form and consent to the nomination.
2. All proposers and the candidate are fully paid-up TASK members in good standing.
3. No proposer has proposed or seconded more than one Chairperson candidate.

Signature of Candidate: _____

Date: ____ / ____ / 2025

Submission Instructions

Completed forms must be submitted to the TASK Secretariat at **secretariat@actuarieskenya.or.ke** before Friday, 31st October 2025, 5.00pm. Attach candidate profile (max 2 pages, Word or PDF).