

**The Actuarial Society of Kenya (TASK)**  
**Council Elections Nomination Form – 2025**

**Section A: Candidate Details**

Full Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Membership Status:  Fully Paid-up

Position 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: \_\_\_\_\_

**2024-2025 Council Members:**

L. Njue (Chairperson), G. Odera,  
D. Were, J. Kosgei, S. Khosla,  
J. Ambutsi, N. Dodhia, M. Njeru, T. Osero

Full member of:



International Actuarial Association  
Association Actuarielle Internationale

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](mailto:secretariat@actuarieskenya.or.ke) before Friday, 31st October 2025, 5.00pm.  
Attach candidate profile (max 2 pages, Word or PDF).