

## BPAC AGM 2024 Thursday, April 25, 2024 Chengdu, China

## **DELEGATES NOMINATION FORM**

## Instructions

Please read the below and then complete the Delegate Nomination Form (over).

- 1. Your membership subscription for 2024 and Schedule A form must have been received by the BWF before you nominate a delegate for the AGM.
- 2. <u>Only this form</u> (see page 2) will be accepted for the nomination of delegates. This form must bear a legible signature and the association's stamp.
- 3. Complete this form in English type in the spaces, print out, sign, stamp. Do not forget to include e-Mail.
  - Completed proposal forms may be scanned into PDF format and emailed to the COO at gvaldez@badmintonpanam.org

Nominations must reach the BPAC office / secretariat not later 09.00 hours Chengdu, China time, on Tuesday 23 April, 2024.

- 4. The BPAC office will acknowledge receipt of the nomination. If you do not receive an acknowledgement, this means the BPAC has not received your nomination form please email <a href="mailto:gvaldez@badmintonpanam.org">gvaldez@badmintonpanam.org</a> if you have not received confirmation.
- 5. Delegates will be asked to submit scan of proof of identity (passport) to register for the AGM 2024. The delegates ID / Passport number must be the same as the one recorded on the Delegates Nomination Form see over.



We hereby appoint the following delegate(s) to the  $\underline{\mathsf{BPAC}}$  Annual General Meeting 2024 Chengdu, China:

Voting Delegate	Delegate 2
Name and Email (Mr/Mrs/Miss/Ms/Dr – family name in CAPITAL LETTERS)	Name and Email (Mr/Mrs/Miss/Ms/Dr – family name in CAPITAL LETTERS)
Country of Residence	Country of Residence
Citizenship	Citizenship
Country as stated in Passport	Country as stated in Passport
Passport Number	Passport Number
Position – Board Member or Employee (State title / position)	Position – Board Member or Employee (state title / position)
If Employee - write the start date of employment.	If Employee - write the start date of employment.

Name and details of the person completing this form / official stamp.

Name	Official Stamp of Association
Signature	
Position in Association	
Date	