

## Application Form for Candidacy for the Council Election of CA Maldives

<b>Personal Information</b>	
Full Name:	
Membership Number:	
Current Address:	
Phone Number:	
Email Address:	
<b>Position Applying For</b>	
<input type="checkbox"/> President of the Institute	
<input type="checkbox"/> Vice- President of the Institute	
<input type="checkbox"/> General Council Member of the Institute	
Note: <i>Applicants are allowed to apply for only one position</i>	
<b>Declaration of Conflict of Interest</b>	
Pursuant to section 16 of Election Regulation, I declare the following:	
➤ I am not an immediate family member of the Chief Executive Officer of the Institute.	
➤ No immediate family member of mine is a member of the institute	
<i>Immediate family is defined as parents (including stepparents), spouse, and children (including stepchildren).</i>	
Do you have any conflict of interest to declare? <input type="checkbox"/> <input type="checkbox"/>	
Yes      No	
If yes, please provide details:             	
<i>* I declare that the information provided above regarding any conflict of interest is true and correct to the best of my knowledge.</i>	



### Checklist

Please attach the following documents along with your application form

- A copy of your ID card/passport

\* Expired ID card/Passport copies will not be accepted

- Payment Receipt

\* Payments shall be made to the institute's account number: [7730000358897](https://www.camldives.org/7730000358897)

\* When making the payment, please indicate that the payment being made is the Application Fee for the Council Election.

- Recent, white- background passport-sized photograph (soft copy in JPEG format)

### Declaration

I hereby submit my application for the position of -----of the Institute for the upcoming council election to be held on 10<sup>th</sup> July 2024. I hereby declare that all the information provided in this application form is true and correct to the best of my knowledge. I understand that providing false information may result in the rejection of my application or being disqualified from the election.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Application form for candidacy for the Council Election of the Institute shall be emailed to [info@camaldives.org](mailto:info@camaldives.org) before 8<sup>th</sup> June 2024, 15:00hrs.

### For Office Use Only

Received By:

Date Received:

Application Fee Verified by:

Eligibility Checked & Verified by:

Date of review by Election Committee:

Decision by Election Committee: