# UNIVERSITY OF MANCHESTER SUPERANNUATION SCHEME

**Nomination Form for Member Director of UMSS Ltd**

I confirm that I agree that my name should be put forward as a candidate for election as a Member Director of UMSS Ltd in the **Administrative and related staff OR Manual and related staff** (please delete accordingly)category.

Name (capitals): .................................................... NI Number:..............................

Department: ..............................................................................................................

Signed: .....................................................................................................................

We, the following UMSS members in the staff category indicated above, nominate the above named as a candidate for election as a Member Director of UMSS Ltd:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name (capitals)** | **NI Number** | **Department** | **Signature** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **6.** |  |  |  |  |
| **7.** |  |  |  |  |
| **8.** |  |  |  |  |
| **9.** |  |  |  |  |
| **10.** |  |  |  |  |
| **11.** |  |  |  |  |
| **12.** |  |  |  |  |
| **13.** |  |  |  |  |
| **14.** |  |  |  |  |
| **15.** |  |  |  |  |
| **16.** |  |  |  |  |
| **17.** |  |  |  |  |
| **18.** |  |  |  |  |
| **19.** |  |  |  |  |
| **20.** |  |  |  |  |