# UNIVERSITY OF MANCHESTER SUPERANNUATION SCHEME

**Nomination Form for Member Directors 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 Manual and related staff category.

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

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

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

We, the following UMSS members in the Manual and related staff category, 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.** |  |  |  |  |
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| **17.** |  |  |  |  |
| **18.** |  |  |  |  |
| **19.** |  |  |  |  |
| **20.** |  |  |  |  |