

**Attention:**

Secretary The Bower  
Building 34, 142 Addison Road  
Marrickville NSW 2204



Hut 34, 142 Addison Rd  
Marrickville NSW 2204  
[www.bower.org.au](http://www.bower.org.au)  
T 02 9568 6280

## INDEPENDENT DIRECTOR NOMINATION FORM

This form must be received at the address above at least 24 hours before the meeting time and date.

I, \_\_\_\_\_ (name)

of \_\_\_\_\_ (address)

being an active member of The Bower Reuse and Repair Centre Cooperative Limited hereby

NOMINATE for the role of Independent Director on the Bower Board of Directors.

Reasons for applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Skills I bring to the Bower Board:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ / \_\_\_\_ /2024

(signature)

NOMINATED BY \_\_\_\_\_ (Name)

Bower Member number \_\_\_\_\_

Signed \_\_\_\_\_ / \_\_\_\_ /2024

(signature)

Nomination Form must be sent to the Returning Officer at least 24hrs prior to the meeting on 23 November 2024.