



THE CHARTERED INSTITUTE OF LOGISTICS AND TRANSPORT IN THE UK
Elections 2021 – Nomination Form (Part 2 of 2)

Name: _____

Date of Birth: ____/____/____

Membership No:

Membership Grade:

Address:

Preferred Email Address:

Contact Telephone No:

Nature of present full-time occupation or other "employment" (NB: if retired please state "Retired")

I confirm that, if elected, I consent to serve as a member of the CILT(UK) Board and agree to serve for a 4 year term

Signed _____

Sponsors (x2)

	Sponsor 1	Sponsor 2
Name		
Address		
Address		
Post Code		
Membership Number		
Membership Grade		

I declare that I am a Member of the Institute and that I have known the above signed nominee for at least two years and that, to the best of my knowledge and belief, the particulars set out above are correct.

Signed (1) _____ Signed (2) _____

NOTE: PLEASE ENSURE THAT YOU RECEIVE EMAIL ACKNOWLEDGEMENT THAT THIS NOMINATION FORM HAS BEEN RECEIVED.