



APPLICATION FORM FOR THE POST OF INDEPENDENT DIRECTOR

Personal Information	
Full Name	
ID Card / PP No	
Date of Birth	
Contact Number	
Present Address	
Permanent Address	
E-mail address	

Educational Qualification (degree and above qualifications)		
Qualification	Name of Awarding Institute	Period

Professional Qualifications	Name of Professional Body	Last Date as a member in good standing

Employment History	
Current post	
Place of employment	

Employment history for the past 5 years		
Entity	Designation	Period

Details of Directorships	
Entity	Date Appointed

Declaration of Independence	YES / NO
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| 1. do you own 1% or more effective equity interest of the Company's equity capital, either in own name or together with other Immediate Family combined or together with an entity owned by the persons or his Immediate Family | _____ |
| 2. do you represent a shareholder who has more than 1% equity interest in the Company | _____ |
| 3. do you currently serve, or have served in the past four (4) years in the Company; or any of the majority shareholders | _____ |
| 4. have you been affiliated with a significant customer of the Company | _____ |
| 5. have you served the Board or any other Senior Management position at another competing entity within the past twelve months | _____ |

Applicant's Declaration

I hereby certify that the information given above is true and accurate and that this application would be disqualified/cancelled if any false/misleading information is found to have been provided.

Name:.....

Signature:.....

Notes:

Documents required with the application form

- * Copy of the national identity card or passport copy
- * Resume of the applicant
- * Copies of Educational Certificates accredited by the MQA