

The Chairperson  
Nominations Committee  
Institute of Directors-Ghana  
Accra

**Thru': The Secretary, Nominations Committee**

Dear Madam,

## ENDORSEMENT FORM FOR COUNCIL NOMINEE

I, \_\_\_\_\_ (*insert title and full name*) of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Insert workplace address)* with Membership Registration Number \_\_\_\_\_  
*(Insert your IoD-Gh membership registration number)* hereby  
**endorse** the application of **Rev./Prof./Dr./Lawyer/Mr./Mrs./Mad** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Insert full name)* for: **President / Vice-President / Member**  
*(underline the applicable position)* for the upcoming election to serve on the Council of the Institute of  
Directors-Ghana (IoD-Gh) for the 2025-2027 tenure of office.

Thank you.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### PLEASE NOTE:

1. You must be a member in good standing to endorse any nominee's application.
2. You are entitled to endorse a maximum of two (2) nominees per advertised vacant position.