



Nominee Appointment Form

This form should only be completed if you wish to nominate a person to receive your shares on your death.

MY FULL NAME:

MY ADDRESS:

(We will use this address when we write to you)

You can nominate a person to whom you wish your shares to be transferred on your death. We will respect those wishes (so far as the law and our Rules permit).

Please name your choice of nominee below.

MY NOMINEE'S
FULL NAME:

MY NOMINEE'S
ADDRESS:

I understand that it may not be possible for Clevedon Community Bookshop Co-operative Ltd to action this request and I and my heirs will not hold the Co-operative responsible for its actions.

I understand that these instructions can only be revoked or amended by my giving clear written instructions to the Secretary of the Co-operative at the registered office.

I understand that trustees will need to be appointed if my nominee is under 16 years of age.

Signed as a deed
My signature

A witness to my signature here

Date