

To be filled by MCCA  
Date Received: \_\_\_\_\_  
Shares of MCCA held by member: \_\_\_\_\_

**MCCA  
DIRECTOR RECOMMENDATION FORM**

Date: \_\_\_\_\_ Submitting member's name: \_\_\_\_\_

**Contact information for submitting member**

Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Contact information for the Candidate:**

Name of recommended candidate (the "Candidate"): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

- Has the Candidate agreed to have his or her name submitted for consideration and to provide MCCA's Governance and Nominating Committee with all information required to conduct its evaluation?

Yes

- Has the Candidate agreed to abide by all of the requirements for Board membership as set out in MCCA's Director Nomination Policy?

Yes

- Please attach a current resume and biography for the Candidate, outlining at least their educational history, work history and accomplishments, past experience as a board member, leadership experience, any global business experience, any financial training or experience, current board memberships (including public and private boards of directors as well as charitable organizations), date of birth, current place of residence and citizenship.
- Please describe why you believe the Candidate should be considered for membership on MCCA's Board of Directors. (Please attached a separate sheet)
- Please describe in detail all past and current relationships between the Candidate and the submitting member, including any family relationship, business relationship, employment relationship, charitable relationship or investment relationship. (Please attached a separate sheet)

I hereby certify that, to the best of my knowledge and belief, all information contained in this form and the accompanying supporting documentation is accurate and complete.

\_\_\_\_\_  
SIGNATURE OF SUBMITTING MEMBER

**How to submit this form to MCCA:**

Please mail/email this form along with all supporting documentation, to:

MCCA

Attn: HR Manager

Mailing Address: 167-169 Sydney Road, Coburg VIC 3058

Email: [hr@mcca.com.au](mailto:hr@mcca.com.au)

**Note:** Members who are recommending candidates for nomination in connection with the next annual meeting of members should submit their completed Director Recommendation Form no later than 31<sup>st</sup> May of the year of that AGM.