

Nominee Information Sheet:

The following questionnaire is intended to provide the Nomination Committee with background and information to confirm your eligibility and experience to be the best candidate for the position.

Fist Name

Last Name

Date of Birth

Physical Address

Mailing Address

Cell Phone/Home Phone

Email Address

List all organizations or entities which you are an employee, officer or director (including position of title)

Are you aware of any known or potential conflicts between your personal and/or business interests and those of CMI Terminal Ltd. Please provide details.

Signature