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The Council of Islamic Guidance Inc.
510 Concession 3 Road, Pickering, Ontario, L1X 2R4, Canada
Tel.:(647) 206-2397 Website: www.cig.ca E-mail: cigelection@yahoo.ca

NOMINATION FORM – MY ELECTION 2026

Nomination Form for Election/Bye Election* to be held on **Saturday, 23rd May 2026**

* Strike out whichever not applicable

The Election Commissioner,
The Council of Islamic Guidance Inc.

We the undersigned members of the Council do hereby nominate:

First Name Middle Name Last Name

for the office of (state Position Name): _____

(Enter here one of the categories. Note for President and Vice President candidates must be minimum of 18 years of age and must have a minimum of two years of experience of serving MY society)

President **Vice President** **Secretary** **Director of Finance** **Director of Marketing**
 Joint Secretary **Program Director (2 positions)** **Director of Public Relations (2 positions)**

We believe that our nominee is qualified in all respects for the aforementioned office of the Council, and has given his consent to be nominated and serve, if elected.

The particulars of Candidate _____ are as follows:

Year of Membership with the Council: _____ OR if under Family Membership, Name of the
dd/mm/yyyy

Member (Father / Mother) _____

Phone# _____	Address: _____
email: _____	_____

Proposed by: _____ Signature: _____
First Name, Last Name

Membership (Self /Family) contact Phone# & email

Seconded by: _____ Signature:
_____ First Name Last Name

Membership Self Family Phone# _____ & email _____

CONSENT OF THE CANDIDATE

I do hereby give my consent to the above nomination and solemnly affirm that I shall abide by the provisions of the Constitution of the Council and all By laws and Rules made there under, and as duly framed and amended from time to time in future, and shall faithfully and diligently discharge my duties as the (Position)

_____ of the Council.

My name on the ballot paper should appear as under: _____

Signature of the Candidate: _____

Date: dd/mm/yyyy _____

FOR OFFICIAL USE
ELECTION COMMISSIONER'S REMARKS

Nomination Accepted / Rejected Signature of the Election Commissioner: _____

Date: _____ dd/mm/yyyy