Candidate nomination form

Part A: Nomination

|  |  |  |
| --- | --- | --- |
| **Candidate Name:** |  |  |

|  |  |  |
| --- | --- | --- |
| **Category of Panel Member:** |  |  |

(Associated Retailer / Unassociated retailer / Wholesaler)

I nominate the above-named to stand as a candidate in the election of Panel Members:

|  |  |  |
| --- | --- | --- |
| **Signed:** |  |  |
| **Print Name:** |  |  |
| **Company:** |  |  |
| **Date:** |  |  |
|  |  |  |

Part B: Declaration by nomination

I (print full name)

confirm that I am willing to stand as a candidate in the forthcoming Panel elections.

I agree that if elected I will provide a written undertaking to Ofwat for the benefit of the Market Operator and Trading Parties before taking up the role. I further agree, that when acting in the capacity of an Panel Member, I will act without regard to the interests of my employer or any Affiliated Companies as set out in Part E and that I will advise the Panel Secretary in writing of any changes to the list on Part E.

**Signed**:

**Date**:

Part C: Nomination contact details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** | | |  |  | |
| **Date of Birth:** | | |  |  | |
| **Email address:** | | |  |  | |
| **Telephone Number:** | | |  |  | |
| **Postal Address:** | | |  |  | |
|  | | |  |  | |
|  | | |  |  | |
|  | | |  |  | |
|  | | |  |  | |
|  | | |  |  | |
|  | | |  |  | |
|  | | |  |  | |
|  | | |  |  | |
|  | |  |  | | |

Part D: Declaration of employer

We confirm that we are the employer

of (the candidate).

We agree that if the candidate is elected, we will provide a letter to Ofwat (to be fprwarded in due course to the Panel Secretary) before **22 December 2016** agreeing that the candidate may act as Panel Member, and that the requirements of the Panel will prevail over their duties as an employee.

|  |  |  |
| --- | --- | --- |
| **Signed:** |  |  |
|  |  |  |
| **Name:** |  |  |
|  |  |  |
| **Position:** | |  |
|  |  |  |
| **Date:** |  |  |

Part E: List of Affiliated Companies

The following companies are Affiliated Companies of my employer:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

Part F: Nominee’s background and experience

Candidates are to provide details of their relevant skills and experience below.

**Please return the completed form by email to** [retailmarketopening@ofwat.gsi.gov.uk](mailto:retailmarketopening@ofwat.gsi.gov.uk) **to arrive no later than 5pm on 30 November 2016.**

Any queries should be directed to Amanda Rooney, on +44 (0) 121 644 7724.