

POLISH SOCIAL AND CULTURAL ASSOCIATION

ACCEPTANCE OF APPOINTMENT AS A MEMBER OF THE **COUNCIL**

I	
(Name)	
of	
(Address)	
POSK membership number	
accept my appointment as a member of the Council of eligibility for appointment under Article 30 of the A	•
I attach:	
1. Fit and Proper Declaration (Form E)	
2. Declaration of Interests (Form F)	
(Signature)	(Date)