



Nominations form as a representative of:

- Pensioners on the PDN Accountability Council
- Members on the PDN Accountability Council

I, the undersigned:

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Postcode : \_\_\_\_\_  
Town/city : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
number : \_\_\_\_\_  
Date of birth : \_\_\_\_\_  
Email address : \_\_\_\_\_

hereby nominate myself for a seat to represent:

- Pensioners on the PDN Accountability Council\*
- Members on the PDN Accountability Council\*

*\*Tick as appropriate; make one choice only.*

**and declare that I have complied with the Articles of Association, Regulations, and the Code of Conduct of Stichting Pensioenfonds DSM Nederland**

Please attach a résumé to this nomination form that includes the following information:

- information about your work experience, management experience, knowledge of pensions, and experience with pensions
- any pension training courses
- your specific skills, and at least two references.

It is recommended that you also mention in your résumé or cover letter why you are standing, how willing you would be to attend pension courses and training, and your vision and willingness to dedicate the necessary time and attention needed to fulfil the role.

Date:

Signature:

**PDN must receive the nomination form, résumé, and any cover letter by no later than July 31, 2023 to: Kiescommissie PDN, Antwoordnummer 110, 6400 VB Heerlen. Or by email to: [info.PDN@dsm.com](mailto:info.PDN@dsm.com) subject Kiescommissie.**