American Chamber of Commerce in Romania

NOMINATION FORM - AUDITING COMMITTEE

2021 Elections

*Dear Candidate to the AmCham Romania Auditing Committee,*

Thank you for your commitment to serve the AmCham Romania community as a member of the Auditing Committee.

**In order to complete your nomination, please fill in the information below and return it to the AmCham Office via e-mail to:** [**nominations@amcham.ro**](mailto:nominations@amcham.ro) **by February 25, 2021** **at 17:00.**

**Please note that this is a firm deadline and will not be extended.**

**Eligibility Criteria**

Candidates should be experienced professionals, members of the association, with an impeccable reputation and solid track record, available to commit the necessary expertise to perform the Auditing Committee duties and obligations efficiently, in line with the related AmCham Statues provisions.

In accordance with the AmCham Romania Statutes, Section V, Art. 44- 45, the internal financial audit of the Association shall be performed by an Auditing Committee that shall comprise of 3 (three) members, natural persons or legal entities. The Auditor or the majority of the members of the Auditing Committee shall be members of the Association. The members of the Auditing Committee may be a reputable audit firm, local or international.

**Please address the following questions in short essay format (EN):**

1. *What motivates you to run for a position in the AmCham Romania Auditing Committee?*
2. *What qualifies you for this position?*

**Please also attach a short bio (doc, English) and a recent portrait photo. Your answers will be included in the Candidates’ Presentation sent out to members together with the voting ballot, and posted on the AmCham website** [**www.amcham.ro**](http://www.amcham.ro) **attached to the AGM Calling Notice.**

**AUDITING COMMITTEE CANDIDATE INFORMATION**

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| **AmCham Member Company** |  |
| **Candidate Name** |  |
| **Position** |  |
| **Contact Info** |  |
| **Phone (direct, mobile)** |  |
| **Email** |  |
| **Contact Person/PA (name, email, phone)** |  |

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**