

BOARD MEMBER NOMINATION FORM

NOMINATING PARTY

PERSONAL DATA AND CONTACT INFORMATION*

- First name
- Last name
- Date of birth (dd/mm/yyyy)
- Email
- Phone number

NOMINEE

PERSONAL DATA AND CONTACT INFORMATION*

- First name*
- Last name*
- Date of birth (dd/mm/yyyy)*
- Email*
- Phone number*

ACADEMIC CAREER (TO THE NOMINATING PARTY'S KNOWLEDGE)

- Bocconi Degree
- Bocconi Degree completed in the past 5 years Yes No
- Other relevant academic degrees not completed at Bocconi

PROFESSIONAL CAREER (TO THE NOMINATING PARTY'S KNOWLEDGE)

- Professional position abroad Yes No
- Professional position and role (name of organization and position held)
- Any other roles held in the Higher Education sector
- Any other roles held
- Involvement in roles and positions at Bocconi and within the Alumni Community (current and past)
- Any other notes concerning possible conflicts of interest that could arise if appointed

MOTIVATION*

- Reasons supporting the nomination to the role of Board member

WAIVERS*

THE NOMINATING PARTY HEREBY DECLARES THAT:

- The nominee indicated is in agreement with his/her Board member nomination Yes No
- I have read and intend to subscribe to compliance with the Regulations and Values of the Bocconi Alumni Community Yes No
- I have read and understood the privacy policy (GDPR) and I authorize the handling of my personal information for the purpose of product marketing, personal data, foreign data. Yes No

(*) Required