

NOTIFICATION OF ELECTION RESULTS

Name of shop steward	Personal ID
Tel.	
E-mail	

Official company name
Business ID
Company address
Postcode and town
Employer's e-mail (address to which PAM will send notification of election results)
Name of workplace (if different from the official name)

Position	
<input type="checkbox"/> Chief shop steward <input type="checkbox"/> Shop steward <input type="checkbox"/> Workplace shop steward <input type="checkbox"/> Deputy chief shop steward <input type="checkbox"/> Deputy shop steward <input type="checkbox"/> Deputy workplace shop steward <input type="checkbox"/> Other, please specify	
Date elected	
Term of office will begin on	Term of office will end on

Number of company employees	Number of employees represented by the shop steward
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Previous shop steward
Previous deputy shop steward

Please send this form to your PAM regional office immediately after the election.