



(CALENDAR YEAR) NOMINATION COMMITTEE SELF-ASSESSMENT FORM
(NAME OF BOD)

Rating Scale: 1. Strong, 2. Satisfactory, 3. Fair, 4. Weak, 5. Critical
(Director to tick on the selected rating and provide comments)

EVALUATION FACTOR	RATINGS					COMMENTS
	1	2	3	4	5	
A. GENERAL						
1. The Board has the appropriate Committees to undertake the mandate of the Board.						
2. The committee enhances board effectiveness and does not interfere with the unity of the board.						
3. The process for annual review of the Committee Terms of Reference is satisfactory.						
B. COMMITTEE CHARTER AND GOVERNANCE						
1. The Committee reviewed the Charter annually and reported the results, including proposing any necessary changes, to the Board.						
2. The Committee reviewed and assessed the structure, size and composition of the Board;						
3. The Committee examined and assessed effectiveness of the Board's selection standards, nomination and recruitment process of directors.						
4. The Committee reviewed the independence of the members of the Board of Directors.						
5. The Committee ensured that directors nominated for election at the Annual General Stockholders Meeting have the qualifications and none of the disqualifications and that their nominations were fair, transparent, in compliance with applicable laws, rules and regulations as well as the Company's By-laws and Manual of Corporate Governance.						
6. The Committee is able to make collective judgments about important matters.						
7. Committee meetings are organized properly in number, timing and location.						



8. The Committee laid out a full year's agenda.						
9. The Committee's composition is appropriate.						
10. The Committee allocates the right amount of time for its work.						
11. The Committee members receive adequate material in advance of Committee meetings, in sufficient time and detail to permit members to effectively consider issues to be dealt with.						
12. I am able to make a significant contribution to this Committee.						

OVERALL COMMENTS

Signature: _____

(Name of BOD)

Date: _____

