

NOMINATION FORM

HARRY GWALA DISTRICT MUNICIPALITY

40 MAIN STREET, PRIVATE BAG X 501, IXOPO, 3276 TEL: 039-834 8700 FAX: 039-8341701 E-mail: <u>jilin@harrygwaladm.gov.za</u>

	PERSO	NAL DETA	ILS		
Surname					
First Names					
Date of Birth					
ID number					
Race		African	White	Coloured	Indian
Gender		Male	Female		
Are you a South African Citizen		Yes	No		
If no, what is your Na	ationality				
Have you ever been convicted of a criminal offence or been dismissed form employment		Yes	No		
If yes provide details					
If your profession or occupation requires State or official registration, provide date and particulars of registration					
		IFICATIO	NS		4,2,4,1
Name of School/Tertiary Qu		ualification obtained		\	/ear
	·				

					•••

	WORK E	XPERIENCE	
Employer	Position Held	Work Responsibilities	Address and contact details of employer
,			
The state of the s			
	CONTAC	T DETAILS	
Contact numbers	Cell phone		Fax number
Email address			
Preferred method for corresponding	Post	E-mail	Fax

MOTIVATION FOR THE NOMINEE

Provide a (1) one page motivation as to why you think the nominee should serve on the board.

REFERENCES (provide 3 references)				
Name	Surname	Occupation	Contact Details	
₁ .				
2.				
3.				
J.				

DECLARATION				
I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my discharge if I am appointed.				
Signature:	Date:			