

**Contact Details:**

Phone: 011-660 5672  
Fax2Email: 086 544 0008  
Fax: 011 660 1887  
Email: info@saesi.com  
Website: www.saesi.com



**Addresses:**

295 Jorissen Street, Monument  
KRUGERSDORP, 1739

PO Box 613, KRUGERSDORP, 1740

\_\_\_\_\_  
(Date)

The Chief Executive Officer  
Southern African Emergency Services Institute NPC

## NOMINATION FOR INSTITUTE COUNCIL MEMBERS

In terms of point 4.3.1 of the Memorandum of Incorporation, we hereby nominate

\_\_\_\_\_  
(Full Name(s) & Surname)

to serve as **Council Member** of the \_\_\_\_\_ of  
(Indicate Branch Name)  
the Southern African Emergency Services Institute NPC.

Nomination accepted by candidate: \_\_\_\_\_  
(Signature of Nominee)

1. \_\_\_\_\_  
(Signature of Nominator) (Full Name(s) & Surname)

2. \_\_\_\_\_  
(Signature of Institute Council Member) (Full Name(s) & Surname)

3. \_\_\_\_\_  
(Signature of Institute Council Member) (Full Name(s) & Surname)

\_\_\_\_\_  
(Signature of Branch/Committee Chairperson) (Full Name(s) & Surname)

**For Office Use:**      **Date Received:** \_\_\_\_\_

In Order

Not in Order