SOUTHERN AFRICAN EMERGENCY SERVICES INSTITUTE NPC

Registration No. 2014/162285/08

Contact Details:

Phone: 011-660 5672 Fax2Email: 086 544 0008 Fax: 011 660 1887

Fmail: info@saesi.com



Addresses:

295 Jorissen Street, Monument KRUGERSDORP, 1739

PO Box 613, KRUGERSDORP, 1740

	osite: www.saesi.com	OF MERCH PARTIES			
	(Date)				
	Chief Executive Officer othern African Emergency Services	Institute NPC			
NOI	MINATION FOR STATION REPRES	ENTATIVE			
In te	erms of point 4.12.16 and 4.12.17 of t	ne Memorandum of Inc	orporation, we h	nereby nominate	
		(Full Name(s) & Surname)			
to s	erve as Station Representative of th	е			
(a) ₋	(Indicate Branch Name) Southern African Emergency Service	and of (b) Institute NPC.	dicate Station/Employ	ver Name)	of
	nination accepted by candidate:		ture of Nominee)		_
 2. 	(Signature of Nominator)	(Full N	ame(s) & Surname)		_
	(Signature of Institute Council Member)	(Full N	ame(s) & Surname)		_
3.	(Signature of Institute Council Member)	(Full N	ame(s) & Surname)		_
(Sign	ature of Branch/Committee Chairperson)	(Full No	ame(s) & Surname)		_
<u>For</u>	Office Use: Date Received:		In Order	Not in Order	