SOUTHERN AFRICAN EMERGENCY SERVICES INSTITUTE NPC

Registration No. 2014/162285/08

Contact Details:

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In terms of point 6.1.1.9 read with 6.1.1.9.6 of the Memorandum of Incorporation, we hereby nominate

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 MEMBER - WORKING GROUPS SUB-COMMITTEES

| (Full Name(s) & Surname) | | | | | |
|--|--|--------------|--|--|--|
| to serve as Member of the | | | | | |
| of the Southern African Emergency Services Institu | (Full Name of Working Group Sub-Comiute NPC. | mittee) | | | |
| 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) | | | | |
| | | | | | |
| (Name of Branch/Working Group or Committee) | | | | | |
| For Office Use: Date Received: | In Order | Not in Order | | | |