

**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 DIRECTOR

In terms of point 6.2.2 of the Memorandum of Incorporation, we hereby nominate

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

to serve as DIRECTOR of 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)

\_\_\_\_\_  
(Name of Branch/Working Group or Committee)

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

In Order

Not in Order