## **SOUTHERN AFRICAN EMERGENCY SERVICES INSTITUTE NPC**

Registration No. 2014/162285/08

## **Contact Details:**

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 (Date)			
The Chief Executive Officer Southern African Emergency Services Institute	e NPC		
NOMINATION FOR MEMBER AUDIT & RISK CO	OMMITTEE		
In terms of point 6.2.2 of the Memorandum of Inco	orporation, we hereby nomina	te	
(Full N	ame(s) & Surname)		
to serve as MEMBER of the Southern African Eme	ergency Services Institute NF	PC.	
Nomination accepted by candidate:	(Signature of Nominee)		
1	(5.00)		
(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)	(Full Name(s) & Surname)	
(Name of Branch/Working Group or Committee)	-		
For Office Use: Date Received:	In Order	Not in Order	