**NOMINATION FORM FOR 2019 - 2021 COUNCIL FOR THE POST OF:**

Passport

Photograph

|  |  |  |
| --- | --- | --- |
| ***Tick 1 Choice*** |  | **PRESIDENT/CHAIRMAN** |
|  | **VICE-PRESIDENT/VICE-CHAIRMAN** |

**A. NAME OF CANDIDATE:…………………………………………………………………………………….**

**B. DESIGNATION/OFFICE ADDRESS………………………………………………………………………..**

**C. PRESENT/PREVIOUS POSTION(S) HELD IN CPN…………………………………………………………**

**………………………………………………………. …………………………………………………………**

**D. CANDIDATE DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| ACADEMIC QUALIFICATIONS | CPN REGISTRATION | NCS FELLOWSHIP | PAID-UP DUES |
| YEAR | NUMBER | YEAR | NUMBER | 2016 | 2017 | 2018 | 2019 |
|  |  |  |  |  |  |  |  |  |

**E. PROPOSER**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF PROPOSER | CPN REGISTRATION | NCS FELLOWSHIP | PAID-UP DUES |
| YEAR | NUMBER | YEAR | NUMBER | 2016 | 2017 | 2018 | 2019 |
|  |  |  |  |  |  |  |  |  |

**F. SECONDER**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF SECONDER | CPN REGISTRATION | NCS FELLOWSHIP | PAID-UP DUES |
| YEAR | NUMBER | YEAR | NUMBER | 2016 | 2018 | 2018 | 2019 |
|  |  |  |  |  |  |  |  |  |

**G. DECLARATION:**

I affirm that the information supplied in this form is the truth and the consequences of anything to the contrary are binding on me.

|  |
| --- |
| **S I G N A T U R E S** |
| CANDIDATE | DATE | PROPOSER | DATE | SECONDER | DATE |
|  |  |  |  |  |  |