

**NOMINATION FORM INTO 2017 COUNCIL FOR THE POST OF:**

TICK YOUR CHOICE

<input type="checkbox"/>
<input type="checkbox"/>

**PRESIDENT / CHAIRMAN**

**VICE-PRESIDENTN / VICE-CHAIRMAN**

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**A. NAME OF CANDIDATE:**

**B. CANDIDATE'S DETAILS:**

ACADEMIC QUALIFICATIONS	CPN REGISTRATION		NCS FELLOWSHIP		PAID-UP DUES		
	YEAR	NUMBER	YEAR	NUMBER	2015	2016	2017

**C. PROPOSER (P) / SECONDER (S)**

ACADEMIC QUALIFICATIONS	CPN REGISTRATION		NCS FELLOWSHIP		PAID-UP DUES		
	YEAR	NUMBER	YEAR	NUMBER	2015	2016	2017
<b>P:</b>							
<b>S:</b>							

**D. 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.

**E. SIGNATURES**

CANDIDATE	DATE	PROPOSER	DATE	SECONDER	DATE