



NOMINATION FORM INTO 2025 COUNCIL FOR THE POST OF:

Tick 1 Choice {

PRESIDENT/CHAIRMAN

VICE-PRESIDENT/VICE-CHAIRMAN



A. NAME OF CANDIDATE: _____

B. CANDIDATE DETAILS:

ACADEMIC QUALIFICATIONS	CPN REGISTRATION		NCS FELLOWSHIP		PAID-UP DUES			
	YEAR	NUMBER	YEAR	NUMBER	2022	2023	2024	2025

C. PROPOSER (P)/SECONDER (S)

NAME/ROLE (P) OR (S)	CPN REGISTRATION		NCS FELLOWSHIP		PAID-UP DUES			
	YEAR	NUMBER	YEAR	NUMBER	2022	2023	2024	2025
P:								
S:								

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