



NOMINATION FORM

HARRY GWALA DISTRICT MUNICIPALITY

40 MAIN STREET, PRIVATE BAG X 501, IXOPO, 3276 TEL: 039-834 8700 FAX: 039-8341701

PERSONAL DETAILS				
Surname				
First Names				
Date of Birth				
ID number				
Race	African	White	Coloured	Indian
Gender	Male	Female		
Are you a South African Citizen	Yes	No		
If no, what is your Nationality				
Have you ever been convicted of a criminal offence or been dismissed from employment	Yes	No		
If yes provide details				
If your profession or occupation requires State or official registration, provide date and particulars of registration				
QUALIFICATIONS				
Name of School/Tertiary Institution	Qualification obtained	Year		
WORK EXPERIENCE				

Employer	Position Held	Work Responsibilities	Address and contact details of employer
CONTACT DETAILS			
Contact numbers	Cell phone	Landline	Fax number
Email address			
Preferred method for corresponding	Post	E-mail	Fax

MOTIVATION FOR THE NOMINEE

Provide a (1) one page motivation as to why you think the nominee should serve on the board.

REFERENCES (provide 3 references)			
Name	Surname	Occupation	Contact Details
1.			
2.			
3.			

DECLARATION

I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my discharge if I am appointed.

Signature:

Date: