



**NOMINATION FORM
FOR
TSHWANE BRANCH COMMITTEE MEMBERS**

DEADLINE DATE: by no later than **Thursday, 26 March 2020 (close of business)**

E-mail to: tsh.za@saaci.org

Please obtain an acceptance for each nominee you are nominating

TSHWANE BRANCH COMMITTEE MEMBERS	NAME	COMPANY	CONTACT NUMBER	ACCEPTANCE SIGNATURE
1				
2				
3				
4				
5				

Proposed by SAACI member

Name: _____

Company name: _____

Telephone number: _____

Signature: _____

A nomination form received any time after the deadline time will not be considered.