



**ALFRED NZO**  
DISTRICT MUNICIPALITY

**NOMINATION FORM**  
**ALFRED NZO DISTRICT MUNICIPALITY**

ERF 1400 NTSIZWA STREET, PRIVATE BAG X 511, MOUNT AYLIFF, 4735 TEL: 039-254 5000

FAX: 039-254 0343

E-mail: [Bambenim@andm.gov.za](mailto:Bambenim@andm.gov.za)

<b>PERSONAL DETAILS</b>				
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				
Kindly state if you are eligible for consideration to be non-executive director of the municipal entity in line with Section (93)(1)(2) MSA No 32 of 2000	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

## 5WORK 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 correspondence	Post	E-mail	Fax
Correspondence contact details			

# MOTIVATION FOR THE NOMINEE

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

<b>REFERENCES</b> (provide 3 references)			
Name	Surname	Occupation	Contact Details
1.			
2.			
3.			

<b>DECLARATION</b>	
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:

<b>ACCEPTANCE OF NOMINATION</b>	
I _____ (full name) hereby accept nomination to serve as Non-Executive Director of the Alfred Nzo Development Agency Board.	
Signature:	Date: