



Area of nomination:
Ga-Segonyana

2024 SIOC-CDT GA-SEGONYANA COMMUNITY REPRESENTATIVE TRUSTEE ELECTION:

Candidate Nomination form:

Section 1: To be completed by the person nominating a candidate

I, _____

Name and Surname of the Member making the Nomination (Please print name in block letters)

Identity Number _____ hereby nominate,

Name and Surname of the Prospective Candidate (Please print name)

to stand for election as a candidate to fill the position of Ga-Segonyana representative on the Board of Trustees of SIOC-CDT.

Signature of the Nominator

Contact Number

Date of Signature

Section 2: To be completed by the Prospective Candidate/Nominee

I _____

Name and Surname of the Prospective Candidate

hereby accept the nomination to stand for election as a candidate to fill the position of Ga-Segonyana community representative on the Board of Trustees of SIOC-CDT.

I confirm that I am not disqualified to stand for election in line with the SIOC-CDT criteria, requirements, and rules for selecting Trustees and hereby consent to be subjected to the relevant verification processes s to ensure my eligibility to be elected as a Trustee.

Signature of the Nominee

Contact Number

Date of Signature

Note: A Person nominating another person must complete Sections 1 of this form. The nominated person must accept by completing Section 2 of this form.

Section 3: To be completed by a person nominating themselves

I _____

Name and Surname of the Prospective Candidate

hereby give notice that I would like to stand for election as a candidate to fill the position of Ga-Segonyana community representative on the Board of Trustees of SIOC-CDT.

I confirm that I am not disqualified to stand for election in line with the SIOC-CDT criteria, requirements, and rules for selecting Trustees and hereby consent to be subjected to the relevant verification processes s to ensure my eligibility to be elected as a Trustee.

Signature of the Nominee

Contact Number

Date of Signature

The above information must be completed in full in order to qualify and to enable SIOC-CDT to contact a prospective



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Section 4: To be completed by community members supporting a candidate's nomination

1. Each candidate nominated must be seconded (supported) by a minimum of 100 community members by signing this form.
2. Candidates' secondment (support) can also be done via SMS from 23 September 2024 at 10h00 to 27 September 2024 at 17h00 to the following number: **081 707 9207**

The SMS must be written in this form: **"I DENZEL WASHINGTON, ID number 620310 5547 081, residing at Stand No. 576 Morogoro, Ga-Segonyana do hereby support the nomination of Ms Keith Mahlangu.**

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Area of nomination:
Ga-Segonyana

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Area of nomination:
Ga-Segonyana

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Ga-Segonyana

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