



**NOMINATION FORM: NAMA WESTERN CAPE ANNUAL GENERAL MEETING HELD
ON 9 FEBRUARY AT BON AMIS @ BLOEMENDAL, DURBANVILLE**

I, The undersigned

Name : _____

Company : _____

NAMA Account : _____

Contact Number : _____

Email Address : _____

Duly authorised hereto as a member of NAMA nominate the following person(s) to serve on the Western Cape Region's Committee for the ensuing year. His/her signature indicates acceptance of the nomination.
[Nominees must accept their nomination]

	NAME - NOMINEE	COMPANY	MEMBER TYPE	SIGNATURE - NOMINEE
1.				
2.				
3.				
4.				
5.				
6.				

DATE: _____

SIGNATURE OF NOMINATOR: _____

