



BOARD NOMINATION FORM SOUTH AFRICAN POST OFFICE JUNE 2020

Dear Sir/Madam

Thank you for nominating your preferred candidate. Note that the form is divided into two Sections. **Section 1 – Particulars of the nominator.** **Section 2 – particulars of the nominee.** Please take time to complete the form taking care to complete each section as fully as possible.

SECTION 1

PARTICULARS OF THE NOMINATOR

Name:	Click here to enter text.	Surname:	Click here to enter text.
ID No.:	Click here to enter text.		
Address:	Click here to enter text.		
Email:	Click or tap here to enter text.	Cell No:	Click or tap here to enter text.
Current Occupation	Click here to enter text.		

Declaration:

I [Click here to enter text.](#), declare that the information provided below is true and correct.

SECTION 2

PARTICULARS OF THE NOMINEE

A. Biographical Information

Surname	Click or tap here to enter text.	Name	Click or tap here to enter text.	Title	Click or tap here to enter text.
ID Number	Click or tap here to enter text.				
Age	Click or tap here to enter text.	Race	Black	Gender	Female
Citizenship	Click or tap here to enter text.				
Address	Click or tap here to enter text.				
Province	Click or tap here to enter text.				
E-mail	Click or tap here to enter text.				
Cell No	Click or tap here to enter text.	Tel No	Click or tap here to enter text.		

B. Educational Background:

Year matriculated:	Click here to enter a date.	School:	Click here to enter text.
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Academic Qualification(s):

Qualification:	Institution	Year Obtained (type in Year)
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.

Professional Qualification(s): e.g CA(SA), Pr Eng (ECSA), etc

Qualification:	Institution	Year Obtained (type in Year)
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.

C: Work Experience

Company:	Position Held	Appointment Date	Termination Date (IF CURRENT, SELECT CURRENT DATE)
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.
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Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.

C. Board/Committee Experience

Company:	Role	Appointment Date	Termination Date (IF CURRENT, SELECT CURRENT DATE)
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.

D. Other information

Criminal Record:	Choose an item.	Default judgement(s)	Choose an item.
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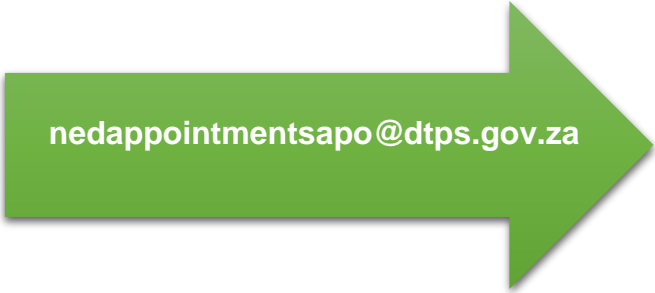
If Yes, to any of the above, please provide details:

Checklist:

The following supporting documents has been attached to the nomination form
(Tick where applicable):

1.	Nomination acceptance letter	<input type="checkbox"/>
2.	ID copy	<input type="checkbox"/>
3.	Matrix certificate	<input type="checkbox"/>
4.	Academic Qualifications	<input type="checkbox"/>
5.	Professional Certificates e.g CA(SA), etc	<input type="checkbox"/>
6.	Comprehensive CV of nominee	<input type="checkbox"/>
7.	Other: specify.....	<input type="checkbox"/>

Save the form as a MS Word document and email it together with the required supporting documents to:



NB: Save and name the file using the following file naming protocol:

SAPO Board Nomination Form_ Initials and Surname of nominee