

# NOMINATION OF CANDIDATES TO BE APPOINTED BY THE MINISTER OF SOCIAL DEVELOPMENT AS BOARD MEMBERS OF THE CENTRAL DRUG AUTHORITY

## NOMINATION FORM

I nominate (print the full first names and surname of the candidate)	.....
As a candidate to be appointed by the Minister of Social Development as a board member of the Central Drug Authority	
(Print full first names and surname)	Signature of person nominating
.....	.....

## DECLARATION BY PERSON WHO SIGNS NOMINATION

I (print the full names and surname) .....
.....
declare that I am a South African citizen resident in the Republic at (state full residential address) and telephone:.....
.....
Signature of person nominating
I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration.
Sworn in/affirmed and signed before me at.....on.....
Commissioner of Oaths
Name.....Rank/ Designation.....
Signature..... Date.....

## CONSENT TO NOMINATION

I (print full names, and surname).....declare that:-	
a) I consent to nomination;	b) I am a South African citizen;
c) I am permanently resident in the Republic at (state full residential address)	
.....	
d) I agree to accept the nomination.....	
Signature of nominee.....	
Simultaneously with the lodging, each candidate shall lodge with the Minister:-	
a) A curriculum vitae; and	b) ID/Passport photograph
Sworn in/affirmed and signed before me at.....on.....	
Commissioner of Oaths	
Name.....Rank/ Designation.....	
Signature..... Date.....	

**Each nomination shall be lodged with the Ministry by post, fax or by hand not later than 31 October 2019. For more information please feel free to contact Dr E Mabuza-Mokoko at 012 312 7558/7584**