

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 10 November 2011. For more information please feel free to contact **Dr E Mabuza-Mokoko at 012 312 7558/7584**