

Polmed Board of Trustees Election: 2017

MEMBERS NOMINATION FORM

Directions for Completion of the Nomination Form

To appropriately complete each section, you must first read through the following directions. Failure to complete this section of the nomination form correctly may render the nomination invalid.

- a. This nomination form is divided into sections 1, 2 and 3.
- b. A member who is nominated to stand for election as a trustee, is a Nominee. Details of nominees must be completed in Sections 1 and 2 of the Nomination Form.
- c. A member who is nominating other members to stand as candidates for election is a Proposer. Details of the Proposer must be completed in Section 3 of the Nomination Form

Section 1: Particulars of the Continuation Members' Nominees

- a. Eligible Polmed members are entitled to nominate two (2) nominees (one white male and one black female).
- b. Details of both nominees must be completed in full in Section 1 of the Nomination Form.

Section 2: Particulars of Serving Members' Nominees

- a. Eligible Polmed members are entitled to nominate four (4) nominees (one white male, one black male, and two black females)
- b. Details of all nominees must be completed in full in Section 2 of the Nomination Form.

Section 3: Particulars of the Proposer

a. The details of the Proposer must be completed in full, in Section 3 of the Nomination Form.

How to Submit the Nomination Form

The completed nomination form must be returned to the Returning Officer on or before 17h00, 8 June 2017 through any of the following methods:

By post: The Returning Officer

Polmed Board of Trustees Election

Suite 305 Private Bag X3 Northriding

2162

By fax: Attention: The Returning Officer

086 501 6108

Email (Scanned Copies only): The Returning Officer

polmed@kdbs.co.za

All enquiries pertaining to the election should be directed to the Returning Officer by telephone on 061 452 4499, or fax to 086 501 6108 or via e-mail at polmed@kdbs.co.za

SECTION 1: CONTINUATION MEMBERS' NOMINATION FORM

White Male Nominee (Please complete details below)																	
Surname																	
Full Names																	
ID Number																	
Contact Number																	
Black Female Nominee (Pleas	se con	nplete	e deta	ils be	elow)												
Surname																	
Full Names																	
ID Number																	
Contact Number																	
SECTION 2: SERVING ME	MDE	DC' I	NOM	INIV.	TION	EOF	NA.										
SECTION 2: SERVING ME	IVIDE	I CA	AOM	INA	HON	FUR	INI										
Black Male Nominee (Please	compl	ete d	etails	belo	w)		1	1	1	1							
Surname	-																
Full Names	1																
ID Number																	\sqcup
Contact Number																	
White Male Nominee (Please	White Male Nominee (Please complete details below)																
Surname																	
Full Names																	
ID Number																	
Contact Number																	
Black Female Nominee (Pleas	Black Female Nominee (Please complete details below)																
Surname																	
Full Names																	
ID Number																	
Contact Number																	
Black Female Nominee (Pleas	se con	nplete	e deta	ils be	elow)												
Surname																	
Full Names																	
ID Number																	
Contact Number																	
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SECTION 3: PARTICULAR	RS OF	Hil	E PRO	OPO:	SER	(Pleas	se cor	nplet	e det	ails be	elow)						
Surname																	
Full Names																	
ID Number																	
Contact Number	1																
Signature														<u> </u>	L	<u> </u>	\Box