

NOMINATION FORM

NATIONALLY ELECTED COUNCILLORS

(One (1) position - see clauses 8 & 15 of the FISA Constitution)

| We, the undersigned, hereby nominate | |
|--|------------|
| | |
| Name of 1 st proposer: | Signature: |
| Date: | Tel no: |
| Name of 2 nd proposer: | Signature: |
| Date: | Tel no: |
| | |
| Signature of nominated member consenting to this nomination: | |
| Date: | Tel no: |

Please forward the completed nomination form by email to louis@fisa.net.za on or before

TUESDAY 20 February 2024

Council Nomination Form 2024 1/1