

NOMINATION FORM

Annexure E

1. We, the undersigned, being Councillors (a pharmacist/ ordinary member *) of the PSSA, hereby nominate (print the full names and surname of the candidate) _____

_____ PSSA No.: _____ a Councillor (a pharmacist ordinary member *) of (print the name of the Branch or Sector or National Executive Committee Member) _____

as a candidate for election to the position of _____ and failing election to this position, we nominate the Councillor as a candidate for election to the position of _____ OR _____

Proposer: _____(print) **Seconder:** _____(print)

Signature: _____ Signature: _____

2. I, the undersigned (print full names and surname)

_____ PSSA No. _____

hereby consent to be nominated as a candidate for election to the position of _____ of the Pharmaceutical Society of SA, if unsuccessful, I give consent to be nominated as a candidate for election to the position of _____ OR _____ of the Pharmaceutical Society of SA

Signature of Councillor

- 3. Simultaneously with lodging a nomination, each candidate shall lodge with the Executive Director a manifest of not more than 300 words (including a biosketch) in one or not more than two official languages, including, where possible, contact details where the candidate may be reached.
- 4. Each nomination shall be lodged with the Executive Director by mail, facsimile or by hand not later than three weeks before the AGM.

* Includes Interns, Community Service pharmacists and pharmacists