NOMINATION FORM: NATIONAL HEALTH RESEARCH COMMITTEE

This nomination form should be used for the nomination of persons.

We, the undersigned, 1. (Full names and address) 2. (Full names and address) declare that we represent / are members of:and hereby nominate, as a candidate for nomination as a member of the National Health Research Committee, who holds the title of and is employed as aand is a South African citizen/is not a South Africa citizen, but is a permanent resident of South Africa*.

Signed at	on	
1		 (Signature)
2		 (Signature)

Signed in the presence of the following witnesses:

Signature:

Full Names:
Signature:
Full Names:

I, undersigned (full names), hereby consent to my nomination as a candidate for nomination as a member of the National Health Research Committee.

Signature _____

Signed at 20......

(Signature)

(Registered address and contact details)

Signed in the presence of the following witnesses: Signature 1: Name: Signature 2: Name:

* Delete whichever is not applicable