

DETAILS OF THE NOMINATOR

Full name(s) _____

Surname _____

Identity Number _____

Residential Address _____

Telephone number (w) or (h) _____

Cellphone Number _____

E-mail Address _____

Employer _____

Employers Address _____

Occupation(s) _____

Relationship to the Nominee _____

SIGNATURE OF THE NOMINATOR

DATE

NOMINEE'S INFORMATION

Full name(s) _____

Surname _____

Identity Number _____

Residential Address _____

Telephone number (w) or (h) _____

Cellphone
Number _____

E-mail Address _____

Employer _____

Employers Address _____

Occupation(s) _____

Relationship to the Nominator _____

Previous Experience (if any) with (Name or Organization)

WORK EXPERIENCE:

EDUCATIONAL QUALIFICATIONS:

DECLARATION BY NOMINEE

I _____ hereby accept the nomination to be considered for appointment as a Member/s of the PSETA Accounting Authority. I fully understand the fiduciary responsibilities that have to be exercised by members of the Accounting Authority in accordance with the Public Finance Management Act, 1999 provisions.

SIGNATURE OF NOMINEE

DATE

Please note the following documents are compulsory and should accompany the Nomination Form for consideration otherwise the nomination will be disqualified: A brief and recently updated Curriculum Vitae of the Nominee, including three (3) contactable references, Certified copies of the Academic qualifications, Identity Document, proof of residence (not older than three months) and a completed and signed Declaration of Interest Form Attached hereto as Annexure A. **All candidates will be required to disclose all business and financial interests and will also be subjected to a security clearance.**