



## NOMINATION FORM

Herewith I \_\_\_\_\_, nominate the following person as candidate for election as member of the board of the FPSSA at the Annual General Meeting of 2017 that will take place on *THURSDAY 5 OCTOBER 2017* at Afridome Show Grounds, Parys.

\_\_\_\_\_  
Signature of nominator

\_\_\_\_\_  
Name of nominee (Print)

\_\_\_\_\_  
Signature of nominee

\_\_\_\_\_  
Name of Secondary (Print)

\_\_\_\_\_  
Signature of Secondary

**PLEASE EMAIL BACK TO OFFICE@FPSSA.CO.ZA BEFORE 30 SEPTEMBER 2017  
PLEASE ENSURE THAT ALL FEES AND MEMBERSHIP FEES ARE PAID IN FULL FOR VOTING  
RIGHTS.**

**TEL: 083 299 1356 \* PO BOX 2046, ZWAVELPOORT,0036 \* EMAIL: OFFICE@FPSSA.CO.ZA**