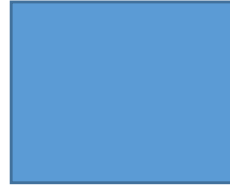


SCHEDULE 2A ELECTION NOMINATION FORMS
(Section VI (2) of the Bye-Laws)

PICTURE



PART I

NAME OF CANDIDATE:

DATE OF BIRTH:..... REG NO:.....

DATE OF REGISTRATION:.....

QUALIFICATION (S):.....

PLACE OF WORK:.....

POSITION:.....

POSTAL ADDRESS:.....

.....

RESIDENTIAL ADDRESS:.....

.....

TEL:.....CELL PHONE NO:.....

FAX:.....E-MAIL:.....

POSITION BEING CONTESTED FOR:.....

PREVIOUS POSITION(S) ON BRANCH/ PRACTICE/ INTEREST GROUP EXECUTIVE COMMITTEE WITH DATES.

1.

2.

3.

SIGNATURE OF CANDIDATE:DATE:.....

PART II

NAME OF PROPOSER:.....

REG NO:.....

ADDRESS:.....

.....

TEL:.....CELL PHONE:.....

FAX:.....E-MAIL:.....

SIGNATURE OF PROPOSER:.....DATE:.....

PART III

NAME OF SECONDER:.....

REG NO:.....

ADDRESS:.....

.....

TEL:.....CELL PHONE:.....

FAX:.....E-MAIL:.....

SIGNATURE OF SECONDER:.....DATE:.....

PLEASE RETURN THE COMPLETED NOMINATION FORM WITH A SHORT CV AND TWO (2) PASSPORT-SIZE PHOTOGRAPHS TO THE NATIONAL SECRETARIAT

ALL COMPLETED NOMINATION FORMS MUST BE ACCOMPANIED BY A RECOMMENDATION FROM THE REGIONAL BRANCH EXECUTIVE

PART IV FOR OFFICIAL USE ONLY

RECEIVED BY:.....DATE RECEIVED:.....

ENDORSED BY:.....

EXECUTIVE SECRETARY