



(MANUFACTURING, ENGINEERING, AND RELATED SERVICES SETA)

NOMINATION FORM FOR MERSETA ACCOUNTING AUTHORITY MEMBERSHIP

Surname				
Full Names				
Identity Number				
Contact particulars	Residential address:			

	Business address:			

	Postal address:			

Home telephone: _____				
Work telephone: _____				
Mobile telephone: _____				
Constituency representing				
Company				
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>			
Race	African	Coloured	Asian	White

Membership on Professional Bodies	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Membership to other Boards	
Name and Surname of the Nominator	
Capacity	
Signature	
Date	