



**LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF SPORT, ARTS & CULTURE**  
**HEAD OFFICE**

**Limpopo Provincial Library and Information Services Board Nomination Form.**

**1. Personal details of the nominee**

| Title                   | Gender | Age | Cell phone |
|-------------------------|--------|-----|------------|
| Name & Surname          |        |     |            |
| Identity Number         |        |     |            |
| Email                   |        |     |            |
| Village/Township/Suburb |        |     |            |
| Nearest Town/City       |        |     |            |
| Province                |        |     |            |
| Postal address          |        |     |            |

**2. Personal details of the nominator**

| Title                   | Gender | Age | Cell phone |
|-------------------------|--------|-----|------------|
| Name & Surname          |        |     |            |
| Identity Number         |        |     |            |
| Email                   |        |     |            |
| Village/Township/Suburb |        |     |            |
| Nearest Town/City       |        |     |            |
| Province                |        |     |            |
| Postal address          |        |     |            |

21 Biccard Street, Polokwane, 0700. Private Bag X9459, Polokwane 0700  
Tel: (015) 284 4000, Fax: (015) 284 4514  
Website: <http://www.limpopo.gov.za>



#### 4. References

Provide details of two contactable referees who know the nominee and can confirm the motivation.

##### Reference 1

| Title                   | Gender | Age | Cell phone |
|-------------------------|--------|-----|------------|
| Name & Surname          |        |     |            |
| Email                   |        |     |            |
| Village/Township/Suburb |        |     |            |
| Nearest Town/City       |        |     |            |
| Province                |        |     |            |
| Postal address          |        |     |            |

##### Reference 2

| Title                   | Gender | Age | Cell phone |
|-------------------------|--------|-----|------------|
| Name & Surname          |        |     |            |
| Email                   |        |     |            |
| Village/Township/Suburb |        |     |            |
| Nearest Town/City       |        |     |            |
| Province                |        |     |            |
| Postal address          |        |     |            |

I, (nominee Names & Surname), \_\_\_\_\_  
accept the nomination and confirm that the nominator has consulted me. The information that has been provided is credible and can be verified by the contactable referees provided.

Signatures: Nominee: \_\_\_\_\_

Nominator: \_\_\_\_\_

Date: \_\_\_\_\_

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