

DEPARTMENT OF SPORT, ARTS & CULTURE HEAD OFFICE

NOMINATION FORM : APPLICATIONS TO SERVE IN LIMPOPO PROVINCIAL GEOGRAPHIC NAME CHANGE (LPGNC)

A.TO BE COMPLETED BY NOMINATOR:	
SURNAME:	_
FIRST NAMES:	_
ID NO:	
DESIGNATION:	-
DISTRICT	-
SIGNATURE OF NOMINATOR:	_
DATE:	_
B. ACCEPTANCE BY NOMINEE	
SURNAME:	_
FIRST NAMES:	_
ID NO:	_
DESIGNATION:	-
DISTRICT	_
SIGNATURE OF NOMINEE:	
DATE:	_
ISERVE IN THE MRM COMMITTEE	_ACCEPT TO BE NOMINATED TO
>EKVE IN LOE WKW LUWWILLER	

21 Biccard Street, Polokwane, 0700. Private Bag X9459, Polokwane 0700 Tel: (015) 284 4000, Fax: (015) 284 4514

Website: http://www.limpopo.gov.za