



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: _____

I _____ ACCEPT TO BE NOMINATED TO
SERVE IN THE MRM COMMITTEE..