



August 2019

## NOMINATION FORM

### ELECTION OF A MEMBER OF THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL

We, the undersigned, registered<sup>(1)</sup> .....,

hereby nominate<sup>(2)</sup> .....,

who is a South African citizen and permanently resident in the Republic as a candidate for election as a member of the Council at the forthcoming election.

(1) Signature .....

First names and surname (in block letters) .....

Registered address

.....  
.....

Signed in the presence of<sup>(3)</sup>:

Signature .....

Signature .....

(2) Signature .....

First names and surname (in block letters).....

Registered address .....

.....

Signed in the presence of<sup>(3)</sup>:

Signature .....

Signature .....

I, the undersigned, hereby consent to my nomination as a candidate for election as a member of the South African Dental Technicians Council.

.....

.....

Signature

Date

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(<sup>1</sup>) State whether dental technician contractor, dental technician employee or dentist.

(<sup>2</sup>) First names and surname and registered address.

(<sup>3</sup>) There must be two witnesses to each signature.

N.B.-The addresses given in this form must in every case correspond to the addresses as registered with the South African Dental Technicians Council.