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**OFFICIAL NOMINATION FORM**

**NOMINATION FOR PERSONS TO SERVE ON THE BOARD OF TRUSTEES FOR THE INDEPENDENT DEVELOPMENT TRUST (IDT)**

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| **SECTION A: TO BE COMPLETED BY THE NOMINATOR**  (Note: Only one nomination per Nomination Form) | | | | | | | | | | |
| **PARTICULARS OF NOMINATOR** | | | | | | | | | | |
| Full Names | | |  | | | | | | | | | |
| Identity No | | |  | | | | | | | | | |
| Capacity & Institution | | |  | | | | | | | | | |
| Postal Address | | |  | | | | | | | | | |
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|  | | | | | | | | | | | | |
| Tel No |  | | | | | Fax No | |  | | | | |
| Mobile |  | | | | | | | | | | | |
| E-mail |  | | | | | | | | | | | |
| **DECLARATION BY NOMINATOR** | | | | | | | | | |
| I, the undersigned (full names) | | | |  | | | | | | | | |
| hereby nominate (full names) | | | |  | | | | | | | | |
| a South African citizen, and resident in South Africa, to be considered for possible appointment by the Minister of Public Works and Infrastructure as a member of the Board of the IDT for a period of four (4) years from the date of the issuance of the letter of authority from the Office of the Master of the High Court. | | | | | | | | | | | | |
| Signed on this | |  | | day of |  | | | | | | | 20 |
| Signature |  | | | | | | Date | | |  | | |
| **MOTIVATION BY NOMINATOR (not exceeding one page)** | | | | | | | | |
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| **SECTION B: ACCEPTANCE DECLARATION BY THE NOMINEE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, the undersigned (full names) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identity number (of nominee) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| hereby accept my nomination for appointment to the Board of the IDT for a period of four (4) years from the date of the issuance of the letter of authority from the Office of the Master of the High Court. I declare that I am a South African citizen, and resident in South Africa and I am qualified in terms of Clause 8.1 of the IDT Deed of Trust 669/91 to serve on the Board of the IDT. I authorize the Department of Public Works and Infrastructure to subject me to the security vetting in terms of this appointment and to investigate any record in relation to such disqualification or requirement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signed on this | | | | |  | | | | | | day of | | | | | |  | | | | | | | | | | | | | | | | | | | 20 | | | |
| Signature | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION C: TO BE COMPLETED BY THE NOMINEE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title** | | | Prof | | | | |  | | Dr | |  | | | Mr | | | |  | | | | Mrs | | |  | | Ms | | |  | | | Miss | | | |  | |
| **Surname** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First Names** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender** | Male | | | | | |  | | Female | | | |  | | | **Race** | | | | | |  | | | | | | | | | | | | | | | | | |
| **Disability** | Yes | | | | | |  | | No | | | |  | | | **Nature of Disability** | | | | | |  | | | | | | | | | | | | | | | | | |
| **Date of Birth** | | | | | |  | | | | | | | | **ID No** | | | |  | |  |  | | |  |  | |  |  |  | | |  |  | |  | |  | |  |
| **Postal Address** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Residential Address** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Mobile No** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Work Tel No** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Home Tel No** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fax No** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **E-mail Address** | | | | | |  | | | | |
| **PLEASE ATTACH A SHORT CURRICULUM VITAE OF THE NOMINEE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please list the following in the CV (not exceeding two pages)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Tertiary Education 2. Work Experience 3. List of Competencies 4. Professional Qualifications and Registration (where applicable) 5. Directorships | | | | | | | | | | | | | | | | | | | 1. Boards of Entities / Professional Councils / Institutions that nominee currently and previously served on 2. Conflicts of Interest 3. References 4. Certified copies of nominee’s qualifications 5. Certified copy of ID (both nominator and nominee) | | | | | | | | | | | | | | | | | | | | |

**NOTE:**

* **Nominees will be considered only after the verification of their academic qualifications and their personal details;**
* **Appointment is subject to approval by the Cabinet and the Master of the High Court;**
* **Appointment is subject to the acceptance of undergoing security vetting;**
* **Correspondence will be limited to short-listed candidates. If you do not receive any communication after a period of three months, please consider the application as having been unsuccessful**

**Disclaimers:**

* **The Minister reserves the right to amend, modify or withdraw this advertisement or amend any of the requirements set out herein at any time without prior notice and without liability to compensate or reimburse any party;**
* **Acknowledgement of the nomination does not mean acceptance as a candidate; and**
* **The Minister reserves the right not to select any nominee as a candidate.**
* **Failure to comply with any of the above requirements will result in the nomination not being considered.**