



The South African Council for the Project and Construction Management Professions

NOMINATION & ACCEPTANCE FORM

NOMINATION

NOMINATOR DETAILS

I hereby nominate the person listed herein to be considered for possible appointment by the Minister of Public Works as a member of the South African Council for the Project and Construction Management Professions.

(**Note:** Only one nomination per form)

NOMINEE'S DETAILS

Name						
Surname						
Title	Prof	Dr	Mr	Mrs	Ms	Miss
Gender	Male	Female	Race			
Disabled	Yes	No				
Email						
Tel			Fax			
Address						

Signed on this Day of 2013

.....
Signature (**Nominator**)



The South African Council for the Project and Construction Management Professions

ACCEPTANCE

I (*Nominee*) hereby accept the nomination byand make myself available as a member of the Council.

I confirm that I am not disqualified from appointment in terms of any of the provisions of section 6 (1)(a) to (f) of the Project and Construction Management Professions Act, (48 of 2000)

I am registered as a professional (*Category of registration*) and my registration number is

I enclose my Curriculum Vitae, in the format required, and confirm the correctness of the information presented.

Signed on this Day of2013

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Signature (**Nominee**)