 

**NOMINATION FORM**

**NOMINATION FORM FOR CANDIDATES TO BE CONSIDERED FOR APPOINTMENT TO SERVE ON THE BOARD OF THE SOUTH AFRICAN FORESTRY COMPANY LTD**

**Requirements of a valid nomination**: Failure to sign the nomination form may lead to disqualification of the nomination. The completed form together with a comprehensive Curriculum Vitae (CV) of the nominee should be attached, including certified copies of academic qualifications and the nominee’s identity document as well any other relevant supporting documents.

Nominations should be addressed to the Director-General, Department of Forestry, Fisheries and the Environment, and marked for the attention of the Director: Public Entities Support and Performance and submitted via email to [PEsupport@dffe.gov.za](mailto:PEsupport@dffe.gov.za)

**Closing Date: As indicated in the Government *Gazette***

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| **NOMINEE DETAILS** | | | | | | | | | | | | | |
| **Title:** | **First name:** | | | | | | **Surname:** | | | | | | |
| **Gender:**   |  |  |  |  | | --- | --- | --- | --- | | **Male** |  | **Female** |  | | | | | **ID Number:**   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | |
| **Race:** | | | | | | | | | | | | | |
| **African** |  | **White** |  | **Coloured** |  | | **Indian** |  | | **Other** | |  | |
| **Nationality** |  | | | | | | **Province** |  | | | | | |
| **Disability** | **Yes** | | | | | | **No** | | | | | | |
| **Have you been convicted or found guilty of a criminal offence (including an admission of guilt)** | | | | | | | | | | | | | |
| **Yes** | | **No** | | | | **If Yes (provide details)** | | | | | | | |
| **Do you have any pending criminal case against you?** | | | | | | | | | | | **Yes** | | **No** |
| **If yes, (provide details)** | | | | | | | | | | | | | |
| **CONTACT DETAILS** | | | | | | | | | | | | | |
| **Cell No:** | | | | | **Tel No:** | | | | | | | | |
| **E-mail address:** | | | | | | | | | | | | | |
| **Current occupation:** | | | | | | | | | | | | | |
| **Qualification (attach copies):** | | | | | **Institution** | | | | | | | | |
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| **BOARD EXPERIENCE (attach a detailed CV):** | | | | | | | | | | | | | |
| **Entity/Institution:** | | | | | **Appointment Date** | | | | **Termination Date** | | | | |
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| **MOTIVATION FOR THE NOMINATION:** | | | | | | | | | | | | | |
| **BRIEF DETAIL OF THE NOMINEE’S EXPERIENCE, SKILLS AND KNOWLEDGE:** | | | | | | | | | | | | | |
| **CONFLICT OF INTERESTS** | | | | | | | | | | | | | |
| I hereby confirm that neither myself, my spouse or immediate family member are employed, have direct or indirect business interest with the South African Forestry Company LTD. | | | | | | | | | | | | | |
| Yes | | No | | | | If Yes (provide details below) | | | | | | | |
| Details of interests: | | | | | | | | | | | | | |

**Remuneration:** Members of the Board will be paid such remuneration and allowances as the Minister, with the concurrence of the Minister of Finance may determine.

**NOTE:**

* Appointment is subject to approval by the Cabinet;
* Appointment is subject to the acceptance of undergoing security vetting;
* Correspondence will be limited to short-listed candidates.

**NOMINEE ACCEPTANCE, DECLARATION AND CONSENT TO PROCESS (USE) PERSONAL INFORMATION (TO BE COMPLETED BY THE PERSON ACCEPTING THE NOMINATION):**

**Category of nomination:**

Nomination on account of my extensive knowledge in ……..……..……..……..……..……..

I, the undersigned,

**Signature:**

**(Surname, full name(s) and ID number)**

**SIGNED AT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(place) ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)**

I declare that all information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information provided will result in my nomination being disqualified. I give my consent to the Department to process (use) the personal information I have submitted in accordance with the Protection of Personal Information Act, 2013 (Act No. 4 of 2013), as amended.

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| **DETAILS OF THE INSTITUTION AND/OR INDIVIDUAL MAKING THE NOMINATION:** | |
| **Name** |  |
| **Contact numbers** |  |
| **E-mail** |  |
| **Relationship to nominee** |  |
| **Signature** |  |
| **Date** |  |
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