



NOMINATION FORM

ELECTION OF A MEMBER OF THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL

We, the undersigned, registered⁽¹⁾,
hereby nominate⁽²⁾,
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⁽³⁾:

Signature

Signature

(2) Signature

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

Registered address

.....

Signed in the presence of⁽³⁾:

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

(1) State whether dental technician contractor, dental technician employee or dentist.

(2) First names and surname and registered address.

(3) 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.