

INSETA ACCOUNTING AUTHORITY NOMINATION FORM

Constituency Represented:

(Please mark with an x in the box below)

Organised Employer	
Organised Labour	
Community Organisations	
Professional Bodies	
Government Department	

Nominator:

Please note that the nomination form must be accompanied with a covering letter on an official letterhead from the nominator’s organisation motivating the nomination together with a copy of the nominating organisation’s Constitution and/or Articles of Association and membership list

I, _____

(write name in full)

employed by/serving on _____

(write name of organisation in full)

hereby nominate:

(write name in full)

employed by/serving on _____

(write name of organisation in full)

hereby accept the nomination for my name to be presented to the Minister of Higher Education and Training for consideration to be appointed to serve on INSETA's Accounting Authority.

(Signature of Nominee)

(Date)

(Signature of Nominator)

(Date)

Please note that a current and abridged Curriculum Vita of the nominee (no more than two A4 pages), certified copy of ID and certified copy of qualifications must be submitted together with the nomination form. All nomination forms together with appropriate attachments must be submitted, under private and confidential cover to:

INSETA Chief Executive Officer
Email: boardnominations@inseta.org.za
Before 17h00 on 15 December 2024
