NOMINATION OF A CANDIDATE FOR THE WESTERN CAPE LANGUAGE COMMITTEE

| 1. CANDIDATE | | | | | | |
|---------------------------|--|--|--|--|--|--|
| 1.1 FULL NAME AND SURNAME | | | | | | |
| | | | | | | |
| | | | | | | |
| 1.2 POSTAL ADDRESS | | | | | | |
| 1.2 FOSTAL ADDRESS | | | | | | |
| | | | | | | |
| | | | | | | |
| Postal code: | | | | | | |
| | | | | | | |
| 1.3 TELEPHONE NUMBERS | | | | | | |
| Office: () | | | | | | |
| Home: () | | | | | | |
| Cellphone: | | | | | | |
| | | | | | | |
| 1.4 FAX NUMBER | | | | | | |
| Fax: () | | | | | | |
| Fax: () | | | | | | |
| 1.5 EMPLOYER | | | | | | |
| Name: | | | | | | |
| Postal address: | | | | | | |
| Postal code: | | | | | | |

| 1.6 QUALIFICATIONS |
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| 1.7 EXPERIENCE (Applicable knowledge of or active involvement in language matters illustrating contribution to the promotion of the Language Committee's objectives) |
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| 1.8 AREAS OF INTEREST (Please give an indication of interest in and expertise on language matters.) |
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| 1.9 SA CITIZENSHIP: IDENTITY NUMBER |

1.10 LANGUAGE SKILLS

| Language | Understand | Speak | Write | Read | | |
|---------------------------------------|--------------------|------------------|-------|------|--|--|
| English | | | | | | |
| Afrikaans | | | | | | |
| (hosa | | | | | | |
| Others (specify) | | | | | | |
| 2. PERSON/BOD | Y NOMINATING THE | : CANDIDATE: | | | | |
| 2.1 FULL NAME A | ND SURNAME | | | | | |
| | | | | | | |
| 2.2 SA CITIZENSH | HIP: IDENTITY NUMB | ER (if a person) | | | | |
| 2.3 POSTAL ADDF | RESS | | | | | |
| | Postal code: | | | | | |
| | NUMBER (Where an o | | | | | |
| 7, | | | | | | |
| Office: (|) | | | | | |
| · · · · · · · · · · · · · · · · · · · |) | | | | | |
| Office: (|) | | | | | |
| Office: (Home: (|) | | | | | |
| Office: (Home: (|) | | | | | |

| 3. SECONDER: | | | | | | |
|---|--|--|--|--|--|--|
| 3.1 FULL NAME AND SURNAME | | | | | | |
| | | | | | | |
| 3.2 SA CITIZENSHIP: IDENTITY NUMBER (if a person) | | | | | | |
| 3.3 ADDRESS | | | | | | |
| | | | | | | |
| Postal code: | | | | | | |
| 3.4 TELEPHONE NUMBER | | | | | | |
| Office: () | | | | | | |
| Home: () | | | | | | |
| Cellphone: | | | | | | |
| 3.5 FAX NUMBER | | | | | | |
| | | | | | | |

4. DECLARATION

| I, | | hereby declare that I | | | | | |
|---|--------------|-----------------------|------------|----------|--|--|--|
| accept the nomination as candidate for | or the Weste | ern Cape | Provincial | Language | | | |
| Committee. I further declare that I understand and satisfy all the requirements that have | | | | | | | |
| been laid down for candidates, as set out in the notice of nomination. | | | | | | | |
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| | | | | | | | |
| Signed on | 2015 at | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| Signature of nominee | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Signature of person nominating candidate | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Signature of seconder | | • | | | | | |