



Area of nomination:
Thabazimbi

2025 SIOC-CDT THABAZIMBI COMMUNITY REPRESENTATIVE TRUSTEE ELECTION:

Candidate Nomination form:

Section 1:

To be completed by the person nominating a candidate

I, _____

Name and Surname of the Member making the Nomination (Please print name in block letters)

Identity Number _____ hereby nominate,

Name and Surname of the Prospective Candidate (Please print name)

to stand for election as a candidate to fill the position of Thabazimbi community representative on the Board of Trustees of SIOC-CDT.

Signature of the Nominator

Contact Number

Date of Signature

Section 2:

To be completed by the Prospective Candidate/Nominee

I _____
Name and Surname of the Prospective Candidate

hereby accept the nomination to stand for election as a candidate to fill the position of Thabazimbi community representative on the Board of Trustees of SIOC-CDT.

I confirm that I am not disqualified to stand for election in line with the SIOC-CDT criteria, requirements, and rules for selecting Trustees and hereby consent to be subjected to the relevant verification processes to ensure my eligibility to be elected as a Trustee.

Signature of the Nominee

Contact Number

Date of Signature

Note: A Person nominating another person must complete Sections 1 of this form. The nominated person must accept by completing Section 2 of this form.

Section 3:

To be completed by a person nominating themselves

I _____
Name and Surname of the Prospective Candidate

hereby give notice that I would like to stand for election as a candidate to fill the position of Thabazimbi community representative on the Board of Trustees of SIOC-CDT.

I confirm that I am not disqualified to stand for election in line with the SIOC-CDT criteria, requirements, and rules for selecting Trustees and hereby consent to be subjected to the relevant verification processes to ensure my eligibility to be elected as a Trustee.

Signature of the Nominee

Contact Number

Date of Signature

The above information must be completed in full in order to qualify and to enable SIOC-CDT to contact a prospective

Section 4:

To be completed by community members supporting a candidate's nomination

- Each candidate nominated must be seconded (supported) by a minimum of 100 community members by signing this form.
- Candidates' secondment (support) can also be done via SMS and WhatsApp from 12 September 2025 at 10h00 to 23 September 2025 at 17h00 to the following number: **079 866 6709**

The SMS/WhatsApp message must be written in this form: **"I DENZEL WASHINGTON, ID number 620310 5547 081, residing at Stand No. 576 Morogoro, Thabazimbi do hereby support the nomination of Ms Keith Mahlangu.**

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