



**NOMINATIONS FOR THE PROVINCIAL DEVELOPMENT & TRANSFORMATION Portfolio**  
**NORTH WEST SOUTH AFRICA SHOWJUMPING**

Name of Nominating Club: \_\_\_\_\_

Name of Nominee *(please print full names)*

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Position for which nominated – *please indicate with an X*

1. PROVINCIAL DEVELOPMENT & TRANSFORMATION NORTH WEST	
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SASJ No		ID No	
Cell		Email	

**Notes:**

\_\_\_\_\_  
**Chair/Vice Chair Club nominating**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Secretary of nominating Club**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Nominee**

\_\_\_\_\_  
**Date**

Signature of the individual being nominated, indicating only that he/she accepts the nomination.

Nominations must be received 7 days before the SGM.

Nominations to be sent to the SASJ Office: [tiffany@sashowjumping.co.za](mailto:tiffany@sashowjumping.co.za)