To: Sibusiso Nkosi

Fax: 012 341 5938

1. PARTICULARS OF NOMINATOR

Full Names : _____

Address : _____

Telephone : _____ Cell: _____

I, the above-mentioned nominator, hereby nominate the individual mentioned in Item 3 or the company/organization/institution mentioned in Item 4 to be awarded the PanSALB Multilin-gualism Award based on the following motivation. I further confirm that the information furnished herein is correct and declare that I am available to give more details about the nominee if needs be.

Motivation : _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

[please feel free to make extra attachments if the space provided is not enough]

Signed at _____ on the _____ day of _____ 20____

2. PARTICULARS OF SECONDER (NOT COMPULSORY)

Full Names : _____

Address : _____

Telephone : _____ Cell: _____

Company Name : _____

I, the above-mentioned seconder, hereby second the individual mentioned in Item 3 or the company/organization/institution mentioned in Item 4 to be awarded the PanSALB Multilingualism Award based on the following motivation. I further confirm that the information furnished herein is correct and declare that I am available to give more details about the nominee if needs be.

Motivation : : _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

[please feel free to make extra attachments if the space provided is not enough]

Signed at _____ on the _____ day of _____ 20____

3. PARTICULARS OF NOMINEE - INDIVIDUAL

Profession : _____
Full Names : _____

Address : _____

Telephone : _____ Facsimile : _____

Email : _____

Relevant Personal Profile : _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

[please feel free to make extra attachments if the space provided is not enough]

Signed at _____ on the _____ day of _____ 20____

4. PARTICULARS OF NOMINEE – COMPANY/ORGANIZATION/INSTITUTION

Company Name : _____

Full Names : _____

Address : _____

Telephone : _____ Facsimile : _____

Email : _____

Summary – Company Profile - [i.e. Company/Organization's business objectives]:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

[please feel free to make extra attachments if the space provided is not enough]

Signed at _____ on the _____ day of _____ 20____

FOR MORE INFORMATION OR SUBMISSON:
Ms Ntombi Huluhulu – ntombih@pansalb.org.za or
Mr Sibusiso Nkosi - sibusiso@pansalb.org.za
Fax: (012)341-5938 Tel: (012) 341-9638