



PROVINCIAL ADMINISTRATION OF THE WESTERN CAPE

DEPARTMENT OF CULTURAL AFFAIRS AND SPORT

CHIEF DIRECTORATE CULTURAL AFFAIRS

MUSEUM SERVICE

**NOMINATION OF A PREMIER'S REPRESENTATIVE FOR THE
CONTROL BOARD OF THE BLOMBOS MUSEUM OF
ARCHAEOLOGY**

SECTION A:

1. NOMINEE

1.1 FULL NAME AND SURNAME

1.2 POSTAL ADDRESS

Postal code:

1.3 TELEPHONE NUMBERS

Office: ()

Home: ()

Fax ()

Cell phone

Email:

SECTION B:

2. NOMINATOR:

2.1 FULL NAME AND SURNAME

2.2 SA CITIZENSHIP: IDENTITY NUMBER (if a person)

2.3 POSTAL ADDRESS

Postal code: _____

2.4 TELEPHONE NUMBER (Where an organisation nominates a person, please indicate the name and position of the contact person, preferably the chairperson and secretary)

Office: () _____

Home: () _____

Cellphone: _____

2.5 FAX NUMBER

Fax: () _____

3. DECLARATION

I, _____ hereby declare that I accept the nomination as candidate for Premier's Representative to a Museum Board. 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.

Signed on _____ 2022 at _____

Signature of nominee

Signature of nominator