

### COUNCIL NOMINATION FORM

Hellenic Community of Pretoria("HCP")

I, the undersigned \_\_\_\_\_, being a qualified member of the HCP, hereby nominate the following person(s) as Council Member(s) of the HCP and acceptance is indicated by his/her signature.

NAME OF NOMINEE

SIGNATURE OF NOMINEE

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

SIGNED at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2021

\_\_\_\_\_  
SIGNATURE OF PROPOSER

\_\_\_\_\_  
DATE

PLEASE NOTE: