

Tel: +27 12 341 9638 / 9651
Fax: +27 12 341 5938

Private Bag X08 | Arcadia | 0007
523 Church Street | 5th Floor | Provisus Building | Arcadia



PanSALB
PAN SOUTH AFRICAN LANGUAGE BOARD

NOMINATION FORM FOR PROVINCIAL LANGUAGE COMMITTEES

NAME OF PROVINCIAL LANGUAGE COMMITTEE:

PARTICULARS OF NOMINATOR

Title:

Full name:

Identity number:

Physical address:

.....

..

Postal code:

Contact details

Landline:

Cellphone:

Email address:

Postal address:

.....

.....

Postal code:

Declaration

I,, the above-mentioned nominator, hereby nominate,
....., to serve on the Free State Provincial Language Committee for (insert
language), based on the following motivation. I further confirm that the information furnished herein is correct and that I am
available to provide more details about the nominee if needed.

Motivation

.....

.....

.....

.....

.....

Signed at on the day of 2024.

Signature:

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PanSALB
PAN SOUTH AFRICAN LANGUAGE BOARD

PARTICULARS OF SECONDER

Title:

Full name:

Identity number:

Physical address:

.....

.....

Postal code:

Contact details

Landline:

Cellphone:

E-mail address:

Postal address:

.....

.....

Postal code:

Declaration

I,, the above-mentioned seconder, hereby second the nomination of by to serve on the Free State Provincial Language Committee for (insert language), based on the following motivation. I further confirm that the information furnished herein is correct and declare that I am available to provide more details about the nominee if needed.

Motivation

.....

.....

.....

.....

.....

Signed at on the day of 2024.

Signature:

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PanSALB
PAN SOUTH AFRICAN LANGUAGE BOARD

PARTICULARS OF NOMINEE

Title and full name:

Academic and/or professional qualifications:
.....

Field/s of expertise:

Contact details

Telephone:

Cellphone:

Email address:

Residential address:
.....
.....

Postal address:
.....
.....

Declaration

I,, confirm that I accept the nomination and confirm that the information included herein is correct.

Signed at on theday of 2024.

Signature: