

## **Nomination Form**

Nomination of Person to be appointed as a member to the City of Matlosana Municipal Planning Tribunal (CoM MPT), in terms of Section 32 of the City of Matlosana Spatial Planning and Land Use Management by law, 2016 read together with Section 35 (1) of the Spatial Planning and Land Use Management Act, 16 of 2013.

	A. 1	Personal Deta	ils		
Surname					
First Name					
ID or Passport Number					
Race (please tick)		African	Coloured	Indian	White
Gender		Male	Female	1	
Do you have a disability		Yes	No		
If yes, Elaborate					
Are you a South African Citizen? (please tick)		Yes	No		
If no, what is your Nationality					
Work permit Number (if any)					
Do you hold a professional membership with any professional body, If yes provide information below (please tick)		Yes	No		
Professional body: (attach copy of membership)		Membership number		Expiry date	
	В. (	Contact Detail	s		
Preferred language for	correspondence				
Telephone number during office hours					
Preferred method for correspondence		Post	Email		
Correspondence contact details (in terms of the above)					

C. Qualification and please	<b>n</b> (Additional Ir cross X if the						
	Name of Qualification					Year obtained	
D. Work Experien	ce (Additional	Information	n may be p	rovided o	n your CV)		
Employer	Position		From To				
Limployer	Position		Month	Year	Month	Year	
			WOITH	I Gai	IVIOITIII	i Gai	
If you were previously employed in I conditions exists that prevents your I		e whether	any	Yes	No		
If yes, provide the name of the previous							
. , оо, ристио		,					
	E. Discip	olinary rec	ord				
Have you been dismissed formiscon	Yes	No [					
If yes, Name of municipality/institution							
Type of misconduct/transgression							
Date of resignation/disciplinary use finalised							
Award/Sanction							
Did you resign from your job on or a finalisation of the disciplinary procee provide details on separate sheet	Yes	] No [					
	F. Crim	ninal Reco	rd				
		Yes	No [				
If yes, state type of criminal act							
Date Criminal case finalised							
Outcome/Judgement							

G.	Reference (plea	se cross X if	nformation is on you	ır cv)
Name of referee	Relations	ship	Tel (Office Hours)	Cell Phone Numbe
			L	1
		DECLARATI	ON	
I hereby declare that all support thereof is to the misrepresentation or fa termination of my appoi	e best of my kno ilure to disclose	wledge true a	nd correct. I understa	nd that any
Signature :		Date :		
			full na	ames of nominee),
No (of nominee)			hereb	y declare that –
1. I am available to serve	on City of Matlo	sana Municipa	Planning Tribunal, AN	ND
I am willing to serve	as chairperson/c	deputy chairper	son should the Counc	il designate me
I am not willing to serv	e a chairperson o	or deputy chair	person	
2. There is no conflict of	•			
J			ne City of Matlosana M	·
•		•	he declaration of intere	st form
(declaration of interest	form to be comp	oleted only after	formally appointed)	

3. I am not disqualified in terms of Section 38 of the Spatial Planning and Land Use Management Act, 16 of 2013 to serve on the City of Matlosana Municipal Planning Tribunal and I authorise the City of Matlosana Municipality to verify any record in relation to such disqualification or requirement.	
4. I undertake to sign, commit to and uphold the Code of Conduct applicable to members of the City of Matlosana Municipal Planning Tribunal.	
Full Names of Nominee	
Signature of Nominee	
Date:	
Place:	
Check List (Please tick)	
Certified copies of qualifications and registration certificates indicating registration with the relevant professional body or voluntary association.	
Do you have experience of Spatial Planning, Land Use Management and Land Development or the law related thereto?	
Attached curriculum vitae (not exceeding two (2) pages)	
Motivation by the nominator or self-nominator for the appointment of the nominee to the City of Matlosana Municipal Planning Tribunal (not exceeding one (1) page)	