



CAPE TOWN CENTRAL CITY IMPROVEMENT DISTRICT NPC (CCID)

## DIRECTOR NOMINATION FORM

THIS FORM CAN BE E-MAILED TO [info@capetownccid.org](mailto:info@capetownccid.org)

or

HAND DELIVERED TO 1 Thibault Square, 13<sup>th</sup> Floor, Cnr Long & Hans Strydom Street, Cape Town, 8001

Name of Nominee:	
Erf Number of Nominee	

I, \_\_\_\_\_, hereby confirm my willingness to act as an Elected Director, if elected.

Sign: \_\_\_\_\_

<b>Member's name</b>	
<b>Address</b>	
<b>Erf. Number</b>	
<b>Cellphone</b>	
<b>Home phone</b>	
<b>E-mail address</b>	

Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_