



CAPE TOWN CENTRAL CITY IMPROVEMENT DISTRICT NPC (CCID)

DIRECTOR NOMINATION FORM

THIS FORM CAN BE E-MAILED TO info@capetownccid.org

OR

HAND DELIVERED TO 1 Thibault Square, 13th 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: _____

Member's name	
Address	
Erf. Number	
Cellphone	
Home phone	
E-mail address	

Member's Signature: _____

Date: _____