



**NOMINATION FORM FOR APPOINTMENT AS A
MEMBER OF THE OVERSTRAND MUNICIPAL
PLANNING TRIBUNAL**

PART A: TO BE COMPLETED BY THE NOMINATOR
(If you are nominating yourself, skip Part A)

1. PERSONAL DETAILS OF NOMINATOR

1.1 Full name

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1.2 Identity number

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1.3 Gender
(for employment equity purposes)

M		F	
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1.4 Race
(for employment equity purposes)

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1.5 Residential address

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Postal code

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1.6 Postal address

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Postal code

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1.7 Telephone:

--	--	--	--	--	--	--	--	--	--	--	--

Mobile:

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Home/other:

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1.8 Fax number:

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1.9 Email address:

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2. NOMINATION

I, in my capacity as and whose details are provided above, nominate as a suitable candidate to serve on the Overstrand Municipal Tribunal, to be established in terms of Section 115 of the Municipal Planning By-law, 2015.

2.1 Provide your motivation for the candidate.

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3. COMPLETION OF PART B

I confirm that Part B has been completed by the nominee and is attached hereto.

Note: Failure to attach the completed Part B will result in the nominee's disqualification.

Signed at..... this day of 20.....

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SIGNATURE: Nominator

PART B: TO BE COMPLETED BY THE APPLICANT/NOMINEE

1. ACCEPTANCE OF NOMINATION (only to be completed in the event of a nomination)

I, whose further particulars are provided below, accept the nomination to serve on the Overstrand Municipal Planning Tribunal, to be established in terms of Section 115 of the Municipal Planning By-law, 2015.

Note: The nominee is required to complete and attach Section 6, confirming that he/she accepts the nomination submitted by the nominee.

2. PERSONAL DETAILS OF NOMINEE (to be completed by nominee or applicant)

2.1 Full name

2.2 Identity number

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2.3 Gender (for employment equity purposes)

M		F	
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2.4 Race (for employment equity purposes)

2.5 Residential address

Postal code

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2.6 Postal address

Postal code

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2.7 Telephone:

Mobile:

Home/other:

2.8 Fax number:

2.9 Email address:

3 DISQUALIFICATION OF NOMINEE

3.1 Please check relevant box with an "X"

	YES	NO
a) Are you a citizen or permanent resident of the Republic of South Africa?		
b) Are you a member of Parliament, a provincial legislature, a Municipal Council, or a House of Traditional Leaders? If yes to any of the options provided, your appointment will not take effect unless you resign from the position.		
c) Are you an unrehabilitated insolvent?		
d) Have you been declared mentally incompetent by a court of law, or have you been detained under the Mental Health Care Act, 2002 (Act 17 of 2002)?		
e) Have you ever been convicted of an offence involving dishonesty?		
f) Have you ever been removed from an office of trust on account of misconduct?		
g) Have you ever been found guilty of misconduct, incapacity or incompetence?		

3.2 If you answered 'yes' to any of the questions in Section 3.1 (a) to (g), please provide full details.

4. KNOWLEDGE, EXPERIENCE AND QUALIFICATIONS

4.1 Please provide full details of your knowledge, experience and/or qualifications relating to spatial planning, land use, land development, or the relevant law. In addition, please attach a comprehensive curriculum vitae indicating knowledge, experience and/or qualifications relating to the aforementioned disciplines.

4.2 Please also include certified copies of qualifications and registration certificates, indicating registration with a relevant professional body.

5. MEMBERSHIP

If your application or nomination is successful, are you willing to be appointed as:

5.1 a chairperson (full-time position)

YES	NO
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5.2 an ordinary member (part-time position)

YES	NO
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6. MOTIVATION IN SUPPORT OF APPOINTMENT AND LETTER OF ACCEPTANCE

Please include a comprehensive motivation why you believe you should be appointed as a member of the Overstrand Municipal Planning Tribunal.

I,, declare that:

- a) I am available to serve on the Overstrand Municipal Planning Tribunal.
- b) I undertake to sign, commit and to uphold the Code of Conduct which will be applicable to members of the Overstrand Municipal Planning Tribunal.
- c) The information provided above is correct and all the required supporting information and documentation are attached.
- d) I agree that the Overstrand Municipality may verify all information provided by me, and I authorise the Overstrand Municipality to carry out any investigation as may be required.

Please note that failure to comply with the above requirements may result in disqualification of your nomination.

Signed at this day of 2021

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SIGNATURE: Applicant/Nominee