

NOMINATION FORM

Please read this form **carefully** and fill it in **Block** letters

A. COURSE/PROGRAMME

Course No..... Course Title

Course date(s) Venue

B. NOMINATION

I in my capacity as
(First Names & Surname of authorised official) (Designation)

at hereby nominate the following to attend the above Course.
(Name of Employer / Sponsor)

I also commit my Institution to pay SA Management Institute (SAMI) a sum of US\$/ZAR in respect of tuition fees for the nominated prospective delegates.

| Surname | First Name(s) | Designation | Email address |
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Note; A confirmation letter together with an Invoice will be forwarded to the prospective delegate(s)/employer/sponsor respectively upon receipt of a fully filled-in nomination form. It is the same letter that will be used to obtain a South African entry Visa where applicable. It is therefore imperative that we receive your form in-time for the prospective delegate to apply for and have her/his Visa processed before the commencement of the course.

Signature of Authorised Official

Date

Official Stamp