**FOR A REPRESENTATIVE OF A STATE DEPARTMENT TO SERVE ON THE SOUTH AFRICAN COUNCIL FOR THE PROPERTY VALUERS PROFESSION**

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| **SECTION A: TO BE COMPLETED BY THE DIRECTOR GENERAL**  (Note: Only one nomination per Nomination Form) | | | | | | | |
| **Department of** | | |  | | | | | | |
| **Address** | | |  | | | | | | |
|  | | | | | | | | | |
| **Tel No** |  | | | | | | | | |
| **E-mail** |  | | | | | | | | |
| **DECLARATION BY DIRECTOR GENERAL** | | | | | | |
| I, the undersigned (full names) | | | |  | | | | | |
| hereby nominate (full names) | | | |  | | | | | |
| for appointment by the Minister of Public Works and Infrastructure in terms of Section 3(1)(b) as a member of the South African Council for the Property Valuers Profession for a period of four (4) years from the date of the appointment by the Minister and approval of Cabinet | | | | | | | | | |
| Signed on this | |  | | day of |  | | | | 20 |
| Signature |  | | | | | Date |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION B: ACCEPTANCE DECLARATION BY THE NOMINEE** | | | | | | |
| I, the undersigned (full names) | | |  | | | | | |
| Identity number (of nominee) | | |  | | | | | |
| hereby accept my nomination for appointment to the South African Council for the Property Valuers Profession for a period of four (4) years from the date of the appointment by the Minister and approval of Cabinet. I declare that I am a South African citizen, and resident in South Africa and I am not disqualified in terms of section 6 of the Property Valuers Profession Act (Act No 47 of 2000) to serve on the South African Council for the Property Valuers Profession. I authorise the Council/Department of Public Works and Infrastructure to subject me to the security vetting in terms of this appointment and to investigate any record in relation to such disqualification or requirement. | | | | | | | | |
| Signed on this | |  | day of |  | | | | 20 |
| Signature |  | | | | Date |  | | |

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| **SECTION C: TO BE COMPLETED BY THE NOMINEE** | | | | | | | | | | | | | | | | | | | | | | |
| **Title** | | Prof | | | |  | | Dr |  | | | Mr | | | |  | | | | Mrs | | |  | Ms | | |  | | | Miss | |  | | |
| **Surname** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First Names** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender** | Male | | | |  | | Female | | |  | | | **Race** | | | | | |  | | | | | | | | | | | | | | | |
| **Disability** | Yes | | | |  | | No | | |  | | | **Nature of Disability** | | | | | |  | | | | | | | | | | | | | | | |
| **Date of Birth** | | | |  | | | | | | | **ID No** | | | |  | |  |  | | |  |  |  |  | |  | |  |  | |  | |  |  |
| **Postal Address** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Residential Address** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Mobile No** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Work Tel No** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Home Tel No** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **E-mail Address** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PLEASE ATTACH A SHORT CURRICULUM VITAE OF THE NOMINEE** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please list the following in the CV (not exceeding two pages)** | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Tertiary Education** 2. **Work Experience** 3. **List of Competencies** 4. **Professional Qualifications and Registration (where applicable)** 5. **Directorships** | | | | | | | | | | | | | | 1. **Boards of Entities / Professional Councils / Institutions nominee currently and previously served on** 2. **Conflicts of Interest** 3. **References** 4. **Certified Copy of the nominee’s qualifications** 5. **Certified Copy of your ID (both nominator and nominee)** | | | | | | | | | | | | | | | | | | | | |
| **NOTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Nominees will be considered only after the verification of their academic qualifications and their personal details** 2. **Appointment is subject to approval by the Cabinet** 3. **Appointment is subject to the acceptance of undergoing security vetting** 4. **Correspondence will be limited to short-listed candidates. If you do not receive any communication after a period of three months, please consider the application as having been unsuccessful** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DISCLAIMERS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **The Minister reserves the right to amend, modify or withdraw this advertisement or amend any of the requirements set out herein at any time without prior notice and without liability to compensate or reimburse any party** 2. **Acknowledgement of the nomination does not mean acceptance as a candidate** 3. **The Minister reserves the right not to select any nominee as a candidate** 4. **Failure to comply with any of the above requirements will result in the nomination not being considered** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |