Candidate Body:

ACQF NETWORK

Presidency elections

CANDIDATE NOMINATION FORM

Country:		
Full name of the nominated		
representative of the Candidate Body		
in the ACQF Network:		
Position of the representative in the		
organisation:		
NOMINATOR/ AUTHORISED DECISION-MAKER*		
Full name of the nominator:		
Position in the organisation:		
Signature of the nominator:	Date:	

^{*} Head of the candidate authority/department in charge of NQF