

Nomination Form for Candidates for the Council for the  
Professions Complementary to Medicine

We, the undersigned, being voters entitled to vote at an election of the Council for the Professions Complementary to Medicine for

(a) seven persons from amongst the professions regulated by the Council

do hereby nominate.....(\*\*)

registered in the.....(\*\*)  
(Register)

and whose address is.....(\*\*)  
as a candidate for the said election.

Proposer: Name.....  
(Block Letters)

Signature..... Date.....

Registered in the.....

Secunder: Name.....  
(Block Letters)

Signature..... Date.....

Registered in the.....

**DECLARATION BY PERSON NOMINATED**

I, ..... whose name appears on  
(full name in block letters)

the ..... accept the above nomination.  
(Register)

Date.....  
Candidate's signature

(\*\*) In block letters