

FORM 2
NOMINATION FORM FOR APPOINTMENT AS MEMBER OF LIQUOR LICENSING TRIBUNAL

[Reg 6(3)]

PART A: FOR COMPLETION BY THE PERSON MAKING THE NOMINATION

1. PERSONAL DETAILS

1.1 Full name

1.2 Identity number

1.3 Date of birth

1.4 Residential address

Postal code

1.5 Postal address

Postal code

1.5 Telephone numbers Office

Mobile

Home or other

1.7 Fax number

1.8 E-mail address

2. RELATIONSHIP TO NOMINEE

Nominator to indicate the nature of the relationship (spouse, family member, partner or associate) between him or herself and the nominee.

SIGNED AT , this day of 20

PERSON MAKING THE NOMINATION

FORM 2
NOMINATION FORM FOR APPOINTMENT AS MEMBER OF LIQUOR LICENSING TRIBUNAL

[Reg 6(3)]

PART B: FOR COMPLETION BY THE NOMINEE

1. PERSONAL DETAILS

1.1	Full name	<input type="text"/>
1.2	Identity number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.3	Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.4	Residential address	<input type="text"/>
	Postal code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.5	Postal address	<input type="text"/>
	Postal code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.5	Telephone numbers	Office <input type="text"/>
		Mobile <input type="text"/>
		Home or other <input type="text"/>
1.7	Fax number	<input type="text"/>
1.8	E-mail address	<input type="text"/>

FORM 2**NOMINATION FORM FOR APPOINTMENT AS MEMBER OF LIQUOR LICENSING TRIBUNAL**

[Reg 6(3)]

2. QUALIFICATION OF NOMINEE

2.1

(a) Have you in the preceding ten (10) years been convicted of an offence and sentenced to imprisonment without the option of a fine?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(b) Have you in the past ten (10) years, whether in the Republic or elsewhere, been convicted of theft, fraud, forgery, the uttering of a forged document, perjury or any offence under the Corruption Act, 1992 (Act 94 of 1992), or the Prevention and Combating of Corrupt Activities Act, 2004 (Act 12 of 2004), or any offence of which dishonesty is an element?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(c) Have you in the past ten (10) years been convicted of an offence in terms of this Act, the Liquor Act, 2003 (Act 59 of 2003), or the Liquor Act, 1989 (Act 27 of 1989), or any similar law?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(d) Are you an unrehabilitated insolvent or subject to any legal disability?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(e) Are you at least twenty-five (25) years of age?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(f) Do you have any direct interest in the liquor trade?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(g) Are you a family member, partner or business associate of a person with a direct interest in the liquor trade?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(h) Are you disqualified in terms of section 35 of the Act to hold a liquor licence?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(i) Are you a citizen of the Republic of South Africa and permanently resident in the Province?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(j) Are you a political office-bearer?	YES <input type="checkbox"/> NO <input type="checkbox"/>

2.2 If any of the questions in paragraph 2.1 (a) to (h) have been replied to in the affirmative, provide full details.

(Use a separate annexure if necessary)

FORM 2
NOMINATION FORM FOR APPOINTMENT AS MEMBER OF LIQUOR LICENSING TRIBUNAL

[Reg 6(3)]

3. ACADEMIC QUALIFICATIONS

Please provide full details of all your academic qualifications, including short courses, if any.

4. MOTIVATION IN SUPPORT OF APPOINTMENT

Please submit a comprehensive motivation on why you believe you should be appointed as a member of the Board.

SIGNED AT , this day of 20

NOMINEE