



BAFFA

NOMINATION FORM

For BAFFA Sub-committees 2023-2025

Name: _____

Designation: _____

Name of the Company: _____

Address: _____

Tel: _____ Fax: _____

Email: _____ Mobile No.: _____

BAFFA Membership No.: _____

Please indicate your preferences of 3(three) Sub-committee(s) in order of priority.

1. _____

2. _____

3. _____

Please provide a brief overview of your background and expertise in relation to the particular sub-committees in which you are interested: (Please use additional paper, if required.)

Signature of the Member

Date: