

ICPAU REGIONAL MEMBERS NETWORK - NOMINATIONS AND CONSENT FORM

Candidate:

Candidate's FM or ICPAU ID:

Recommending Members:

Name:	
Fm Number:	
Place of Work:	
Regional Network:	
Designation:	
Date of Nomination:	
Signature:	

Name:	
Fm Number:	
Place of Work:	
Regional Network:	
Designation:	
Date of Nomination:	
Signature:	

CONSENT NOTE

I agree to be elected as a member of the CPA Uganda
..... Regional Members Network Executive.

.....
Signature

.....
Date