



NOMINATION FORM: ZIMBABWE MEDIA COMMISSION

I, (full names), hereby nominate Dr/
Mr/ Mrs/ Ms/ Miss/ Rev. for appointment
to the **Zimbabwe Media Commission**.

Nominator's Signature:

Nominator's Contact Details: Address:
.....
.....
.....

Telephone Number

Cell Phone Number

Email Address

Instructions:

1. Please use one form for each nomination
2. Attach to each nomination form, the nominee's comprehensive curriculum vitae and a written justification, as outlined in the call for nominations advert, of the suitability of the nominee.
3. Completed nomination forms shall be hand delivered to Parliament Building, Corner Nelson Mandela Avenue / Third Street or posted to The Clerk of Parliament, P.O.Box CY 298, Causeway, Harare. Alternatively, the nomination forms can be emailed to hrvacancies@parlzim.gov.zw
4. All nomination forms which do not meet the requirements outlined above and submitted after the closing date shall be disqualified.