



NIGERIAN FAMILY KULTURFÖRENING (NFKF) GÖTEBORG SWEDEN

NFKF/NOM

Date:

Acknowledgement of candidate

Name in full:

Personal number:

Occupation:

Marital status:

Contact address:

Email & telephone:

Your engagement and interest in NFKF within 6 months of the last two years:

I hereby acknowledge to be a candidate to the board of the Nigerian Family Kulturförening (NFKF) Gothenburg the 9th of march 2017

Signature

Name in full

Note: A nominated candidate must:

1. be a paid member of NFKF
2. have served or held a leadership role within the organisation for at least 6 months within the last two years.
3. Not have done anything wrong against the organisation or any of its members.