

**MOTORSPORT SOUTH AFRICA: 29<sup>TH</sup> ANNUAL GENERAL MEETING: 20 AUGUST 2024**

**NOMINATION FORM FOR THE POSITION OF MSA DIRECTOR**

FULL NAME OF INDIVIDUAL SUBMITTING NOMINATION: .....

REPRESENTING:

.....

(Name of Corporate Member)

Cell No: .....

E-mail:.....

HEREBY NOMINATE (please provide full name)

.....  
AS A DIRECTOR OF MOTORSPORT SOUTH AFRICA

.....  
DATE OF BIRTH

**DETAILS OF NOMINEE:**

PROVINCE..... OCCUPATION: .....

RESIDENTIAL ADDRESS: .....

Cell No.....

E-mail:.....

ACADEMIC QUALIFICATIONS: .....

PROFESSIONAL/BUSINESS CAREER: .....

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POSITION IN MOTORSPORT (if applicable) .....

INVOLVEMENT IN THE ADMINISTRATION OF MOTORSPORT (if applicable):

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NOMINEE'S VIEWS REGARDING MSA'S ROLE IN THE CONTROL AND ADMINISTRATION OF MOTORSPORT:

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SIGNATURE: ..... DATE: .....

(Nominee's signature)

**Please e-mail completed form/documents to [msa@motorsport.co.za](mailto:msa@motorsport.co.za)  
BY NO LATER THAN 21 JULY 2024 - (Incomplete or unsigned forms will not be accepted)  
Please submit a CV if the space provided on the form is insufficient**