



NOMINATION FORM FOR MGRM COMMITTEE MEMBERS 2017

I, _____ (I.D. Card No. _____), nominate
_____ (I.D. Card No. _____) for the post of
_____.

I, _____ (I.D. Card No. _____), second the nomination of
_____ (I.D. Card No. _____) for this post.

I, _____ (I.D. Card No. _____), accept to be nominated to
this post.

Signature of proponent

Signature of secondant

Signature of nominee

Date

Notice: This form has to reach the Malta LGBTIQ Rights Movement (Electoral Commission),
32, Parish Street, Mosta MST 2021 by not later than 12:00pm of Saturday, 18th March 2017.

FOR OFFICIAL USE

DATE & TIME RECEIVED BY ELECTORAL COMMISSION

Signature & stamp of
person receiving
nomination