



IBSA NOMINATION FORM

This form should be completed and returned to:

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COUNTRY SUBMITTING NOMINATION:

NAME OF NATIONAL FEDERATION SUPPORTING THE NOMINATION	
NAME AND SURNAME OF THE NOMINEE	
DATE OF BIRTH	
NATIONALITY	



ADDRESS : _____ _____	
Tel : _____ Fax : _____ E-mail : _____	
ARE YOU BLIND OR VISUALLY IMPAIRED?	YES NO
POSITION YOU ARE NOMINATED FOR: (Please annex curriculum and any other Information of interest)	
<u>YOUR NATIONAL FEDERATION ACCORDING TO ITS OWN POSSIBILITIES UNDERTAKES FORMALLY TO SUPPORT YOU FINANCIALLY FOR ALL THE EXPENSES INCURRED FOR YOUR POST</u>	

SIGNATURE OF THE NOMINEE:

NAME AND SIGNATURE OF PRESIDENT/VICE PRESIDENT OF NATIONAL FEDERATION SUPPORTING THE NOMINATION:
