IBSA NOMINATION FORM

This form should be completed and returned to:

Mr. Abdullah Cetin,
IBSA Secretary General,
Ulus İşhanı,
A Blok Kat 1
Ulus / Ankara,
Turkey.

Telephone: + 90 312 311 01 64
Fax: + 90 312 310 13 65
Email: ibsa.general.secretariat@gmail.com

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:

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