

KENYA HEALTHCARE FEDERATION

Nomination Form for the position of KHF Director – Corporate Representation

As per the Constitution, we are required to have the nominations for the positions of the Chairman & Directors of KHF for 2021 to 2024

This form is to be used in favor of the Nomination of the **Director – Corporate**

I/We _____ (Name) of _____ (Member Organization) who is a fully paid up member for **the years 2020 and 2021**, hereby nominate the following person from our Organization for the position of **Director – Corporate** of KHF (Period: 2021 – 2024).

Name of Nominee: -----

Designation: -----

Signed by Nominator: _____ Date _____

Name of Proposer: _____

Member Organization Name: _____

Signed _____ Date _____

Name of Seconder: _____

Member Organization Name _____

Signed _____ Date _____

**The Proposer and Seconder must be from 2 different 2021 paid up member organizations **

**This form must be duly completed and received by the secretariat on or before 27th March 2021 at the KHF offices or via email,*

Attn: KHF CEO (info@khf.co.ke).

NB: Attach Nominee's:

1. Passport size photograph
2. Manifesto