

## KENYA HEALTHCARE FEDERATION

### Nomination Form for the position of KHF Director – Professional Association Representative

**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 – Professional Association**

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 – Professional Association 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 27<sup>th</sup> March 2021 at the KHF offices or via email,*

*Attn: KHF CEO ([info@khf.co.ke](mailto:info@khf.co.ke)).*

**NB: Attach Nominee's:**

1. Passport size photograph
2. Manifesto