## SRI LANKA ADMINISTRATIVE SERVICE ASSOCIATION (SASA) NOMINATION FORM FOR EXECUTIVE COMMITTEE MEMBERSHIP FOR THE YEAR- 2019/2020

Please attach a photograph taken within the last 6 months

3.5c.m\* 4.5c.m

| Nor  | nination for the pos   | t of:     |                                       |                    |   |  |
|------|------------------------|-----------|---------------------------------------|--------------------|---|--|
| NO   | MINEE                  |           |                                       |                    |   |  |
| 01.  | Name :                 |           |                                       |                    |   |  |
| 02.  | Membership No:         |           |                                       |                    |   |  |
| 03.  | Office Address :       |           |                                       |                    |   |  |
| 04.  | Private Address :      |           |                                       |                    |   |  |
| 05.  | Telephone :-           | Office:   | :                                     | Private:           |   |  |
|      |                        | Fax:      | · · · · · · · · · · · · · · · · · · · | Mobile:            |   |  |
| 06.  | Branch Representati    | on:       |                                       |                    |   |  |
| I he | reby give my consen    | t to serv | ve as the/ a                          |                    |   |  |
| Of t | he Executive Commi     | ittee of  | SASA for the year 202                 | 20/2021.           |   |  |
| Sign | nature of the candidat | te:       |                                       | Date:              |   |  |
| то   | BE FILLED BY TH        | HE PRO    | OPOSER                                |                    |   |  |
| 01.  | Name of the propose    | er:       |                                       |                    |   |  |
| 02.  | Membership No          | :         |                                       |                    |   |  |
| 03.  | Office Address         | :         |                                       |                    |   |  |
| 04.  | Private Address        | :         |                                       |                    |   |  |
| 05.  | Telephone              | : Of      | fice:                                 | . Private/ Mobile: |   |  |
| 06.  | Branch Representati    | on :      |                                       |                    |   |  |
| Sig  | nature of the proposer | r :       |                                       | Date :             |   |  |
| то   | BE FILLED BY TH        | HE SEC    | CONDER                                |                    |   |  |
| 01.  | Name of the Second     | ler:      |                                       |                    |   |  |
| 02.  | Membership No          | <b>:</b>  |                                       |                    |   |  |
| 03.  | Office Address         | :         |                                       |                    |   |  |
| 04.  | Private Address        | :         |                                       |                    |   |  |
| 05.  | Telephone              | : Of      | fice:                                 | . Private/ Mobile: |   |  |
| 06.  | Branch Representati    | on:       |                                       |                    | • |  |
| Sigi | nature of the Seconde  | er :      |                                       | . Date             |   |  |

Application from must be accompanied by a 4.5 cm\* 3.5cm photography of the applicant taken within the last 06 months.

Please send your nomination to Hon. Secretary on or before 1500Hrs on 12<sup>th</sup> March 2020 Visit: <a href="www.sasa.lk">www.sasa.lk</a> or call 0714899611 for further details. Fax.0112058027