



NOMINATION FORM
New Zealand Self-Medication Industry
Executive Council 2024

Name of nominee: _____

Company: _____

Nominating person: _____

Company: _____

Secunder: _____

Company: _____

The Nominee and the Nominating Person must be from a full member company.
The Nominating Person must have the permission of the Nominee before submitting the nomination.

DATED:

Signature of nominating person

Signature of Secunder