

NOMINATION FORM FOR SEKUSA TREASURER POSITION

ELECTION OF TREASURER OF THE STUDENT GOVERNING COUNCIL TO BE HELD ON THE 8^{TH} DAY OF NOVEMBER, 2021

We, the under-signed, proposer and seconder, being registered as voters in **SEKUSA**, do hereby nominate the under-mentioned person as a candidate at the said election.

Candidate's Name in Full
Reg. No
Department
School
Phone Number
National ID Number
SignatureDate
Proposer's Full Name
Reg. No:
Department
School
Phone NumberSEKU email Address
National ID Number
Signature: Date

FORM SGC 4

Seconder's Full Name:
Reg. No:
Department
School
Phone Number
National ID Number
Signature:Date
And I
Signature: Date:
<u>NOTE</u>
(i). FORM NOT DULLY FILLED WILL NOT BE PROCESSED

- (ii). THIS FORM SHOULD BE RETURNED BY THE ASPIRANT IN PERSON