



**PRESCRIBED NOMINATION FORM FOR EXTERNAL MEMBERS OF THE  
BITOU MUNICIPAL PLANNING TRIBUNAL (BMPT)**

*(This form may be printed and completed with a black pen or  
Downloaded from [www.bitou.gov.za](http://www.bitou.gov.za) and completed using MS Word format.)*

**1. NAME AND ADDRESS OF NOMINEE:**

First Name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Identity Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

**2. NOMINATION:**

Nominated by: *(Please mark option with a tick or a cross)*

Self

Other

If nominated by another, please indicate:

Name of Nominator (Individual or Organisation): \_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

**3. EDUCATIONAL QUALIFICATIONS:**

Beginning with the highest qualification attained:

a) Institution: \_\_\_\_\_

i) Qualification: \_\_\_\_\_ Year: \_\_\_\_\_

ii) Qualification: \_\_\_\_\_ Year: \_\_\_\_\_

b) Institution: \_\_\_\_\_

i) Qualification: \_\_\_\_\_ Year: \_\_\_\_\_

ii) Qualification: \_\_\_\_\_ Year: \_\_\_\_\_

*Please **append** additional pages if necessary.*

**4. PROFESSIONAL MEMBERSHIP (IF ANY):**

a) Name of Professional Institution of Registration Body:

\_\_\_\_\_

Category of Membership (*if applicable*): \_\_\_\_\_

Year admitted: \_\_\_\_\_

b) Name of Professional Institution of Registration Body:

\_\_\_\_\_

Category of Membership (if applicable): \_\_\_\_\_

Year admitted: \_\_\_\_\_

Please **append** additional pages if necessary.

**5. SUMMARY OVERVIEW OF WORK EXPERIENCE:**

Please provide a summary of relevant work experience carried out in an accountable role in relation to spatial planning, land use management, land development or the Law related thereto, within the past ten years:

\_\_\_\_\_  
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**6. EMPLOYMENT HISTORY:**

**Current Employment:**

Name of Institution: \_\_\_\_\_

Period: \_\_\_\_\_ Position: \_\_\_\_\_

Post description: \_\_\_\_\_

\_\_\_\_\_

**Previous employment:**

a) Name of Institution: \_\_\_\_\_

Period: \_\_\_\_\_ Position: \_\_\_\_\_

Post description: \_\_\_\_\_

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b) Name of Institution: \_\_\_\_\_

Period: \_\_\_\_\_ Position: \_\_\_\_\_

Post description: \_\_\_\_\_

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c) Name of Institution: \_\_\_\_\_

Period: \_\_\_\_\_ Position: \_\_\_\_\_

Post description: \_\_\_\_\_

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**5. RELEVANT ADDITIONAL TRAINING COURSES:**

a) Course Name: \_\_\_\_\_

Institution & Year: \_\_\_\_\_

b) Course Name: \_\_\_\_\_

Institution & Year: \_\_\_\_\_

c) Course Name: \_\_\_\_\_

Institution & Year: \_\_\_\_\_

*Please **append** additional pages if necessary.*

**6. DECLARATION:**

I, \_\_\_\_\_ (full name(s) and surname of nominee), Identity Number: \_\_\_\_\_, hereby declare that:

(a) I am available to serve on the Bitou Municipal Planning Tribunal (BMPT);

(b) There is no conflict of interest OR I have the following interests which may conflict with the Bitou Municipal Planning Tribunal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_;

(c) I am not disqualified in terms of Section 38 of the Spatial Planning and Land Use Management Act, 16 of 2013, to serve on the Bitou Municipal Planning Tribunal and authorise the Bitou Municipality to investigate any record in relation to such disqualification or requirement;

(d) I undertake to sign, commit to and uphold the Code of Conduct applicable to Members of the Bitou Municipal Planning Tribunal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name & Surname (in print)

\_\_\_\_\_  
Date

***Certified copies of Qualifications and Professional Membership must be attached.***