



NOMINATION FORM

Position Nominated for:	
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Name of the candidate _____

Address: _____ Post code: _____

Phone numbers: Home: _____ Mobile: _____

Email address: _____

Signature of the candidate: _____

Nominator 1

Name: _____

Address: _____ Post code: _____

Phone numbers: Home: _____ Mobile: _____

Email address: _____

Signature: _____

Nominator 2

Name: _____

Address: _____ Post code: _____

Phone numbers: Home: _____ Mobile: _____

Email address: _____

Signature: _____



Please answer the following questions regarding the candidate you have nominated (in accordance of Article 6.1 of the constitution of Belfast Islamic Centre).

Please give all duration in months.

- 1 For how long and how do you know the candidate (candidate's name) _____, you have nominated?

Nominator 1: _____

Nominator 2: _____

- 2 What is his/her status of stay in NI? _____

- 3 How long the candidate has lived in NI? _____

- 4 How long does the candidate intend to stay in NI? _____

I here by testify that the information I have provided is true to the best of my knowledge

Signature nominator 1: _____

Signature nominator 2: _____

Date: _____