

2024 ELECTION

NOMINATION FORM «

NATIONAL INSTITUTE OF
MARKETING OF NIGERIA
Chartered by Act 40 of 2003



Important notice: Ensure you read through the 2024 election guidelines before completing the nomination form.

Position Applied For:

Title: Mr./Mrs./Dr./Chief/Prof.:

Name of Contestant (Surname First):

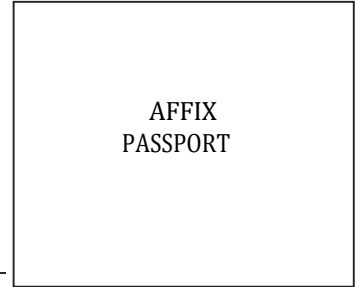
Present Membership Grade of Contestant:

Membership Number:

Contact Address:

Telephone Number

Email



Consent by Contestant

I do hereby give my consent to contest for the position of and promise to abide by the rules and conditions guiding the elections.

Name of Agent of Contestant:

Membership number: Phone Number:

Email Address of Agent of Contestant:

Signature of Contestant

Date

SPONSORS' PARTICULARS

1ST SPONSOR

2ND SPONSOR

Name: _____

Name: _____

Membership Grade: _____

Membership Grade: _____

Membership Numbers _____

Membership Numbers _____

Address: _____

Address: _____

Telephone No.: _____

Telephone No.: _____

Email _____

Email _____

Signature

Date

Signature

Date

FOR OFFICIAL USE

1. Financial Status of Candidate (Membership subscription)
2. Financial Status of 1st Sponsor (Membership subscription)
3. Financial Status of 2nd Sponsor (Membership subscription)
4. Discipline (indictment, disciplinary breaches, on-going investigation against: Candidate, 1st or 2nd Sponsor.)

NOTE: Nomination fee should be paid to National Institute of marketing of Nigeria (NIMN) account with Guaranty Trust (GT) Bank Plc. Account Number is **0006819203**.