



FILM CREW ASSOCIATION OF GHANA

ELECTORAL NOMINATION FORM (REGIONAL CAHAIRMAN)

NOMINATION FEE: Ghc100

POSITION:

NAME OF CADIDATE:

EMAIL: SEX: M F

DEPARTMENT: TEL:

FICAG ID NO: D.O.B:

NATIONALITY:

(Attach copy of bio-data page of your passport and or other forms of National ID)

DO YOU HAVE ANY CRIMINAL RECORDS? YES NO

IF YES STATE:

.....

PROPOSAL:

SECONDER:

NAME:.....

NAME:.....

ID NO:..... SIGN:.....

ID NO:..... SIGN.....

FOR OFFICE USE ONLY

NOMINATION FEE RECEIPT NO:.....

DATE:.....

NAME:.....

SIGN:.....

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POWER BEHIND THE SCENES



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