

NOMINATION FORM FOR NAFP RECOGNITION AWARD

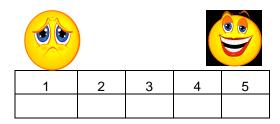
Name o	of Propo	ser:							
							-		
Name o	of nomin	ated NA	\FP:						
Country	y :						-		
NAFP o	office co	ntact de	etails: _						
Physica	l Addres	s:							
Postal A	Address:								
Teleph	one No:								
Email a	ddress:						-		
Reasor	ns for no	minatio	n [Refe	r to seled	ction crite	eria in SADCAS	HR Proc 1]:		
1.	Appointed by respective government to serve in the NAFP Office (tick as appropriate)						Yes	No	
2.	Period that officer served in NAFP office: to								
	Served as NAFP for at least 2 years (tick as appropriate) Yes No								No
3.	Quarter	ly reports	s submit	ted durir	ng period	d:			
	Regular	ly and tir	neously	submits	quarterl	y report: [tick as	appropriate]		
	1	2	3	4	5				

Issue No: 2 Date of Issue: 2008-12-04



4.	Progress made with implementation of respective country's action plan.							

Effectively progresses the implementation of respective country's action plan: [tick as appropriate]

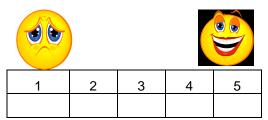


- 5. Contributions towards SADCAS goals.
- 5.1 Number of awareness raising/promotional activities on accreditation held during the period:

5.2 Number of applications for accreditation submitted from respective country to SADCAS during the period:

- 5.3 Number of entities accredited in the respective country during the period:
- 5.4 Facilitation of the registration of SADCAS logo and trade name in respective country:

Effectively contributed towards SADCAS goals:: [tick as appropriate]



6.

Issue No: 2 Date of Issue: 2008-12-04





Prepared by:		Date:	
	Technical Manager		
.			
Checked by:	Chief Executive Officer	Date:	
	Camer Executive Childer		

Issue No: 2 Date of Issue: 2008-12-04