THE KENYA VETERINARY ASSOCIATION ELECTION NOMINATION FORM.

NAME OF CONTESTANT: ________________________________

POST BEING CONTESTED FOR: ________________________________

KVB Registration No: __________ Signature: __________ Date: __________

NAME OF PROPOSER: ________________________________

KVB Registration No: __________ Signature: __________ Date: __________

NAME OF SECONDER: ________________________________

KVB Registration No: __________ Signature: __________ Date: __________

Note: The Nominees, Proposers and Seconders must be paid up members of KVA and in good professional standing for them to qualify.