



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.*