

**REPRESENTATIVES NOMINATION FORM
UNDER ARTILCE NO. 20 OF THE ARTICLES OF ASSOCIATION OF SOPA**

1.	Name of Company	:	_____
2.	Address	:	_____ _____ _____
3.	Category of Membership		Full/Associate
4.	Name of Representatives (in order preference)		
	Principal (1)	:	_____
	Alternate (2)	:	_____
5.	Position of the Representative/s in the member's organisation (Director, Proprietor/Employee etc.)		
	Principal (1)	:	_____
	Alternate (2)	:	_____
6.	Signature of Authorised Representative		
	Principal (1)	:	_____
	Alternate (2)	:	_____

Authorised Signatory on behalf of
the Member (Name of the Company)

DECLARATION

It is hereby declared that the aforesaid representative(s) is/are eligible by virtue of his/her/their appointment(s), to exercise the rights and privileges of Full Membership/Associate in accordance with the Articles of Association of SOPA.

PLACE : _____
DATE :

Authorised Signatory For and on behalf
of the Member (Name of the Company)