Taxis NSW Ltd
City Network Director Nomination Form

Section 1
(to be completed by the nominator)

I hereby nominate_____for election to position of Director of Taxis NSW.

_____ _____
[Print name] [City Taxi Service Provider Name]

_____ _____
[Signature] [Date]

Section 2
(to be completed by the nominee)

I hereby accept nomination for election to the position of Director of Taxis NSW.

I confirm I am the nominated representative for a City Taxi Service Provider Member

_____ _____
[Nominee name] [City Taxi Service Provider Name]

_____ _____
[Signature] [member organisation if applicable]

_____ _____
[Date] [Number of years in Taxi industry]

Nominee Information:

_____
[Postal Address]

_____
[Email Address]

_____ _____
[Phone] [mobile]

Nominee Information Statement:
Nominees are invited to provide information about their qualifications and experience relating to their candidacy for the position of Director. Statements regarding industry policy matters or statements of a political nature will not be included. Statements will be subjected to a strict maximum limit of 100 words.