**APPENDIX 1**

**FORM 1 (Nomination Form)**

*Filled and signed by ONE (1) Nominator and the Candidate*

**MALAYSIAN VETERINARY MEDICAL ASSOCIATION**

**ELECTION NOMINATION FORM FOR MAVMA EXCO 2025/2027**

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| **POST**  |  |

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| **Candidate’s Details** |
| Name (with title) |  |
| MAVMA membership No. |  |
| Handphone No. |  |
| Email address |  |
| Signature |  |

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| **Nominator’s Details** |
| Name (with title) |  |
| MAVMA membership No. |  |
| Handphone No. |  |
| Email address |  |
| Signature |  |

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| **Nominator’s statement of support for the candidate** |
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**FORM 2 (Seconder Form)**

*Filled and signed by ONE (1) Seconder and the Candidate*

**MALAYSIAN VETERINARY MEDICAL ASSOCIATION**

**ELECTION NOMINATION FORM FOR MAVMA EXCO 2025/2027**

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| **Candidate’s Details** |
| Name (with title) |  |
| MAVMA membership No. |  |
| Handphone No. |  |
| Email address |  |
| Signature |  |

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| **Seconder’s Details** |
| Name (with title) |  |
| MAVMA membership No. |  |
| Handphone No. |  |
| Email address |  |
| Signature |  |

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| **Seconder’s statement of support for the candidate** |
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**FORM 3a (Referee’s Form)**

*Filled and signed by FIRST Referee and the Candidate*

**MALAYSIAN VETERINARY MEDICAL ASSOCIATION**

**ELECTION NOMINATION FORM FOR MAVMA EXCO 2025/2027**

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| **POST**  |  |

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| **Candidate’s Details** |
| Name (with title) |  |
| MAVMA membership No. |  |
| Handphone No. |  |
| Email address |  |
| Signature |  |

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| **Referee’s Details** |
| Name (with title) |  |
| MAVMA membership No. |  |
| Handphone No. |  |
| Email address |  |
| Signature |  |

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| **Referee’s statement of support for the candidate** |
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**FORM 3b (Referee’s Form)**

*Filled and signed by SECOND Referee and the Candidate*

**MALAYSIAN VETERINARY MEDICAL ASSOCIATION**

**ELECTION NOMINATION FORM FOR MAVMA EXCO 2025/2027**

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| **Candidate’s Details** |
| Name (with title) |  |
| MAVMA membership No. |  |
| Handphone No. |  |
| Email address |  |
| Signature |  |

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| --- |
| **Referee’s Details** |
| Name (with title) |  |
| MAVMA membership No. |  |
| Handphone No. |  |
| Email address |  |
| Signature |  |

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| **Referee’s statement of support for the candidate** |
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**FORM 4 (Candidates Motivation Statement)**

*Filled and signed by the Candidate*

**MALAYSIAN VETERINARY MEDICAL ASSOCIATION**

**ELECTION NOMINATION FORM FOR MAVMA EXCO 2025/2027**

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| **POST**  |  |

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| **Candidate’s Details** |
| Name (with title) |  |
| MAVMA membership No. |  |
| Handphone No. |  |
| Email address |  |
| Signature |  |

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| **Candidate’s Statement** |
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**Candidates Curriculum Vitae [Free Format not more than THREE (3) printed pages]**

*Filled and signed by the Candidate*

**MALAYSIAN VETERINARY MEDICAL ASSOCIATION**

**ELECTION NOMINATION FORM FOR MAVMA EXCO 2025/2027**

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| **POST**  |  |

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| --- |
| **Candidate’s Details** |
| Name (with title) |  |
| MAVMA membership No. |  |
| Handphone No. |  |
| Email address |  |
| Signature |  |

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| **Curriculum Vitae** |
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