**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**

|  |  |
| --- | --- |
| **POST** |  |

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

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

|  |
| --- |
| **Nominator’s statement of support for the candidate** |
|  |

**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**

|  |  |
| --- | --- |
| **POST** |  |

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

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

|  |
| --- |
| **Seconder’s statement of support for the candidate** |
|  |

**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**

|  |  |
| --- | --- |
| **POST** |  |

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

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

|  |
| --- |
| **Referee’s statement of support for the candidate** |
|  |

**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**

|  |  |
| --- | --- |
| **POST** |  |

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

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

|  |
| --- |
| **Referee’s statement of support for the candidate** |
|  |

**FORM 4 (Candidates Motivation Statement)**

*Filled and signed by the Candidate*

**MALAYSIAN VETERINARY MEDICAL ASSOCIATION**

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

|  |  |
| --- | --- |
| **POST** |  |

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

|  |
| --- |
| **Candidate’s Statement** |
|  |

**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**

|  |  |
| --- | --- |
| **POST** |  |

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

|  |
| --- |
| **Curriculum Vitae** |
|  |