

# PHARMACEUTICAL SOCIETY OF UGANDA ELECTIONS, 2024/2025 NOMINATION FOR COUNCIL MEMBERS

*Note: You may nominate up to six (06) council members*

**Particulars of nominee:**

|   |  |
|---|--|
| Nominee’s Surname in full as per PSU register |  |
| Other names                                   |  |
| Registration number                           |  |
| AMC number for 2023/2024                      |  |
| Working mobile telephone Number               |  |
| National ID No                                |  |
| Year of Registration                          |  |
| Email address                                 |  |

**Particulars of Persons Making Nomination:**

|                                    |  |
|------------------------------------|--|
| <b>Name</b>                        |  |
| <b>PSU Reg. No.</b>                |  |
| <b>AMC Serial number 2023/2024</b> |  |
| <b>Signature</b>                   |  |
| <b>Date</b>                        |  |

**Particulars of Seconders (two seconders per nominee):**

|                                    |  |
|------------------------------------|--|
| <b>Name</b>                        |  |
| <b>PSU Reg. No.</b>                |  |
| <b>AMC Serial number 2023/2024</b> |  |
| <b>Signature</b>                   |  |
| <b>Date</b>                        |  |
|                                    |  |
| <b>Name</b>                        |  |
| <b>PSU Reg. No.</b>                |  |
| <b>AMC Serial number 2023/2024</b> |  |
| <b>Signature</b>                   |  |
| <b>Date</b>                        |  |

I .....  
certify that to the best of my knowledge and belief the aspiring candidate is qualified to be elected into the position.