

APPLICANT DECLARATION FORM

I, the undersigned (surname and initials) _____

ID No:

(Postal address) _____

(Residential address) _____

Tel _____ Fax _____

hereby certify that the following information is complete and correct to the best of my knowledge:

1. Education Qualifications

Name of Institution	Qualification	Year
<p>Areas of expertise/ interest:</p>		

2. Employment

Name of Company/ Entity/ Institution/ Government Department	Position	Key Responsibility Areas

3. Directorships/ Retainer/ Partnerships/ Trustee /Membership of CBO/ NGO or any other entity

Name of entity	Type of business	Position and Key Responsibility areas

4. Sponsorships

Source of assistance/sponsorship	Description of assistance/ sponsorship	Value of assistance/sponsorship

5. Gifts and hospitality from a source other than a family member

Description	Value	Source

6. Family members (Spouse/ Partner/ Children and Parents)

Name and Surname	Id Number	Relationship	Contact number

7. Details of motor vehicle/s will be using in conducting NHC business

Name and model	Engine Capacity	Registration number	Year

SIGNATURE OF COUNCIL MEMBER

DATE: _____

PLACE: _____