**NOMINATION FORM**

**Private Sector Representative (PSR) to the Multi-Sectoral Advisory Body (MSAB)**

|  |  |
| --- | --- |
| Name of Nominator : |  |
| Designation/Position : |  |
| Affiliation : |  |
| Email : |  |
| Contact Number : |  |

***To the MSAB Secretariat:***

***We are pleased to nominate the organization named below in connection with the selection of private sector representatives (PSRs) to the MSAB:***

|  |  |
| --- | --- |
| Name of Organization : |  |
| Organization Classification :  *(Please tick the classification)* | Not-for-profit  Corporate Sector  Private Academe Sector |
| Name of Head of Organization : |  |
| Designation/Position : |  |
| Email : |  |
| Contact Number : |  |

I confirm that I have contacted the nominee and that s/he is willing to be nominated  Yes  No

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name and Signature of Nominator Date