
THE NOMINATION FORM FOR THE 2025 ELECTION OF AFRINIC'S BOARD OF DIRECTORS

Your details Name: E-mail address: Are you a Nomination Representative of an AFRINC Member? If yes, what is the name of the Member you are a Nomination Representative for? Nominee details Full name of nominee: Date of Birth: Sex: Nationality: Country of Residence: Physical address: Organisation (or affiliation): Position: E-mail address: Contact phone number: **Nomination information** Is this a nomination for a region-independent seat? Sub-region nominated for (if any): Brief Motivation of the Nominee (max 1500 characters):