



College of Physicians, Singapore

Academy of Medicine, Singapore



Academy of Medicine, Singapore

NOMINATION FORM **PRESIDENT-ELECT (2014-2015)**

One candidate per form.

CANDIDATE (MUST BE AN ELECTED COUNCIL MEMBER WITH NO ARREARS AS AT 16 JUNE 2014)	
Name of Candidate:	MCR No:
	Mobile No:
Mailing Address:	Email Address:
Signature (indicating consent):	
PROPOSER (MUST BE A CURRENT PAID MEMBER WITH NO ARREARS AS AT 16 JUNE 2014)	
Name of Proposer:	MCR No:
	Mobile No:
Email Address:	Signature:
SECONDER (MUST BE A CURRENT PAID MEMBER WITH NO ARREARS AS AT 16 JUNE 2014)	
Name of Seconder:	MCR No:
	Mobile No:
Email Address:	Signature:

PLEASE RETURN COMPLETED FORM BY MONDAY, 16 JUNE 2014, 1700 HOURS.
Mail to: College of Physicians, Singapore, 81 Kim Keat Road, NKF Centre #11-00, Singapore 328836

ONLY ORIGINAL COMPLETED FORM WILL BE CONSIDERED.

For Official Use:

Date and Time Received: _____ Received by: _____

Mailing Address: 81 Kim Keat Road, #11-00 NKF Centre, Singapore 328836
Tel: (65) 6593 7800 Fax: (65) 6593 7880 Email: cps@ams.edu.sg
Company Number: 200410334R