



**NOMINATION FORM FOR BAFFA SUB-COMMITTEES 2026-2028**

Name: .....

Designation: .....

Name of the Company: .....

Address: .....

Tel No.: ..... Mobile No. ....

Email: ..... BAFFA Membership No.: .....

Please indicate your preference of 03 (three) Sub-committee(s) in order of priority:

1. ....

2. ....

3. ....

Please provide a brief overview of your background and expertise in relation to the particular Sub-committees in which you are interested: (Please use additional paper, if required)

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Signature of the Member

Date: .....