………………………………………………………………………

 Place, date

………………………………………..………………..…..….

Organisation/institution name

…………………………………………………………………..

Organisation/institution address

…………………………………………..………………….…..

………………………………………..……………….….…..

Organisation/institution mobile/phone number

………………………………………………………………….

Organisation/institution e-mail address

**NOMINATION CONSENT**

I, .............................................................................................., hereby consent to

/representative of the organisation/institution/

nominate …………………………………………………………………………………………………………..

/ organisation/institution name/

by …………..………………………………………………... as a candidate for the “Witness of

History” Award.

………………………………………………………………………

Candidate’s signature