



NATIONAL FEDERATION OF SPAZASHOPS UNION (NAFESU)
Official Membership Administration

LEADERSHIP APPOINTMENT / ACCEPTANCE FORM

For elected, appointed, nominated or designated leaders serving in NAFESU structures

A. PERSONAL DETAILS

Full Name & Surname:	_____
Preferred Name / DOB:	_____
ID / Passport No.:	_____
Address:	_____
Telephone / Email:	_____
NAFESU Membership No.:	_____

B. STRUCTURE & PORTFOLIO

Province:	_____
District / Region:	_____
Local Municipality / Area:	_____
Structure:	☐ National ☐ Provincial ☐ District/Regional ☐ Local/Ward ☐ Council ☐ Committee
Committee / Council:	_____
Position / Portfolio:	_____
Appointment Type:	☐ Election ☐ Appointment ☐ Nomination ☐ Designation ☐ Other: _____

C. TERM OF OFFICE

The term of office shall be governed by the NAFESU Constitution and the applicable rules of the relevant structure, committee or council, including commencement, expiry, review, removal and succession provisions.

Term Commencement:	_____
Term Expiry:	_____
Applicable Constitutional Article / Clause:	_____
Next Review / Election / Conference:	_____

D. LEADERSHIP UNDERTAKING

I undertake to uphold the NAFESU Constitution, lawful resolutions, policies and ethics; serve members faithfully; protect NAFESU integrity and confidential information; disclose material conflicts of interest; perform my portfolio duties; and account to the relevant structure. Misuse of office, fraud, corruption, dishonesty or unauthorised representation may result in disciplinary action subject to due process.

E. SKILLS & EXPERIENCE

Professional / Business Skills:	_____ _____
Organisational / Community Experience:	_____ _____
Relevant SpazaShops / NSEP Expertise:	_____ _____

F. DECLARATION & ACCEPTANCE

I accept the position indicated and agree to perform its duties in accordance with the NAFESU Constitution and applicable governance instruments.

Leader Signature:	_____ Date: _____
Nominator / Recommending Structure:	_____ Date: _____
Authorising Officer / Position:	_____ Date: _____
NAFESU Resolution / Minute Ref.:	_____ Date: _____