Fijian Elections Office
My Election, My Fiji

IE-10-003

NOMINATION FORM
FIJI MEDICAL ASSOCIATION

Note:
Your completed form must be delivered to the Returning Officer or any authorized Fijian Election Official at our Voter Services Center, Suva; before 12pm on Friday, 17 July, 2026.

Name of Organisation	**Fiji Medical Association (FMA)**		
Mode of Election	Postal Voting	**Dates**	03.08.26 - 21.08.26
	Workplace Voting	**Dates**	27.08.26

Position Nominated			
Name of Nominee		Phone #	
Address		Date of Birth	
EDP No.	Signature		
Email Address:			

Name of Nominator/Proposer		Phone #	
Address		Date of Birth	
EDP No.	Signature		
I solemnly declare that the above nomination is in accordance with the Constitution of the above-named organisation and other electoral rules governing trade union elections.			

Name of Seconder		Phone #	
Address		Date of Birth	
EDP No.	Signature		
I solemnly declare that the above secondment is in accordance with the Constitution of the above-named organisation and other electoral rules governing trade union elections.			

I accept the above Nomination	Signature of Nominee:		
Phone Contact of Nominee:		Date	
I solemnly declare that I am eligible to be nominated for the above position in accordance with the Constitution of the above-named organisation and other electoral rules governing trade union elections.			

We also authorize the Fijian Elections Office to obtain necessary information in order to verify the above nomination.

For Official Use Only

Date	Time	Name of FEO Official	Signature