



SUBMISSION OF NOMINATIONS: Nominations must be addressed to The Presidency and submitted via email to: nominations@climatecommission.org.za with : **PCC Nomination and [Name of Nominee]** on email subject line for ease of reference and record keeping.

Closing Date: As per Government Gazette Notice No. 53123 – no later than **Friday, 29 August 2025 at 16h00**

FORM 1 A: NOMINATION AND NOMINATION ACCEPTANCE FORM

PART 1: PARTICULARS OF NOMINATING PERSON (NOMINATOR) (self-nominations are also permitted)

1. Nominated by: (Please mark an 'X' in the appropriate box.)

Private person	Organisation
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2. Date Nominated

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Please note that even if the nomination is done by an organisation, particulars of the nominator must be provided.

3. Organisation (if applicable): (Provide full name, no abbreviations)

[illegible]

4. Title (private person or person representing the organisation): Mr/Ms/Dr/Prof/Other: _____

5. Surname: (as it appears on your / the nominee's ID)

[illegible]

6. Full Name/s: (as it appears on your / the nominee's ID)

[illegible]

7. RSA Citizen: Yes / No ID Number: Complete Blocks Below

[illegible]

8. Contact Details:

Telephone Number	
Mobile Number	
E-mail Address	
Postal Address	

9. Motivation for nomination: Please complete a detailed motivation in the space provided below. The motivation should include, for example, a summary of the nominee's achievements, leadership qualities, and contributions to societal development.

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SIGNATURE OF NOMINATOR: _____

DATE **Day:** _____ **Month:** _____ **Year:** 2025

PART 2: ACCEPTANCE OF NOMINATION BY THE NOMINEE (NOMINATED PERSON)

10. Acceptance of Nomination and Consent to the Processing of Personal Information

I, the undersigned (surname, full name(s) and ID number),

hereby accept the nomination and consent to the processing of my personal information in accordance with the Protection of Personal Information Act, 2013 (Act No. 4 of 2013), as amended.

SIGNATURE OF NOMINEE: _____

SIGNED AT: _____ **(place)** **ON:** _____ **(date)**

Form 1 B: PARTICULARS OF THE NOMINEE

1. Title of Nominee: Mr/Ms/Dr/Prof/Other:

2. Surname: (as it appears on your / the nominee's ID)

[illegible]

3. Full Names: (as it appears on your / the nominee's ID)

[illegible]

4. Biographic Information: (Please mark an 'X' in the appropriate box.)

RSA Citizen	Yes	No										
ID Number												
Race	African		Asian		Coloured			White				
Gender	Male		Female									
Disability	Yes		No									

11. Province and Municipality of Primary Residence:

Province and Municipality of Primary Residence:	
Province	Municipality

5. Contact Details:

Telephone Number	
Mobile Number	
E-mail Address	
Postal Address	

6. Is the nominee currently serving on any board, tribunal, or council?

☐ Yes ☐ No

If yes, please provide details below:

Board/Tribunal/Council	Year	Role (Member/Chairperson)

7. Has the nominee ever been convicted of any offence?

☐ Yes ☐ No

If yes, please provide details below:

a. Provide details or attach details:

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b. Provide the date on which the last sentence was served:

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8. Is there any matter that may disqualify the nominee for service on the Commission?

☐ Yes ☐ No

If yes, please provide details below or attach details

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9. List/describe the relevant fields of expertise of the nominee:

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10. Provide details about the proven skills, knowledge and experience of the nominee:

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11. What are the educational qualifications of the nominee? Please complete the table below.

Qualification	Year Obtained	Institution

12. Disqualification: A person **may not** be appointed as a commissioner if he or she:

- (a) is an unrehabilitated insolvent;
- (b) is disqualified under any law from carrying on his or her profession;
- (c) is not permanently resident in the Republic of South Africa;
- (d) has at any time been convicted (whether in the Republic of South Africa or elsewhere) of theft, fraud, forgery or uttering a forged document, perjury or any offence involving dishonesty, and has been sentenced therefore to imprisonment without the option of a fine; and/or
- (e) has or acquires an interest in a business or enterprise, which may conflict or interfere with the proper performance of the duties of the Commission.

I, (the nominee) _____, confirm that I have read and understood the disqualification criteria listed above and declare that I am eligible to be appointed as a Commissioner.

Nominee's Signature: _____ **Date:** _____

13. Remuneration:

Remuneration for participation in Commission meetings is determined in line with the rates prescribed by the National Treasury. In accordance with Section 12(5) of the Climate Change Act, Commissioners who are *not* in full-time employment of the State will be eligible for remuneration. Commissioners who *are* in full-time employment of the State will not receive additional remuneration but may be reimbursed for reasonable expenses incurred while performing their duties, as provided for in Section 12(6) of the Act.

I, (the nominee) _____, confirm that I have read and understood the provisions regarding remuneration for service on the Presidential Climate Commission.

Signature: _____ **Date:** _____

14. Attachments

PLEASE NOTE THE FOLLOWING MUST BE ATTACHED TO THE NOMINATION FORM:

- (a) Detailed CV of the nominee
- (b) Certified copy of ID and Qualifications
- (c) At least two references with contact details