

FORM No. APSP/G.E/2024/Vol.II/I

Please return the form to:

The Chairman
APSP Election Committee
P.O. Box 3393
Dar es Salaam
Apsptanzania2018@gmail.com



Provide a recent passport size/Stamp size passport size

APSP – ELECTION FORM

1.0 Personal information	
Surname:	
Other names:	
Sex:	
Date of Birth:	
Nationality:	
Mobile number:	
National ID No.	
Email:	
Office name:	
Office address:	

2.0 Membership	
Membership Category:	
Membership number:	
PSPTB Reg. No	

3.0 Position Applied (Put V on the position you applied)	
Chairperson:	
Vice – Chairperson:	
Board Member:	

4.0 Brief Description

Signature.....

Date.....