

# CICM Responsible Care Awards 2016/2017

## Nomination Form for Responsible Care Leadership Award

Organizer:



Sponsors:



We would like to nominate the following person for the Responsible Care Leadership Award (*OR Any suitable candidate **not in your organisation** could also be nominated for the Award*)

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Company : \_\_\_\_\_

Address : \_\_\_\_\_

Tel No : \_\_\_\_\_

Fax No : \_\_\_\_\_

Submitted by:

.....  
*Signature*

.....  
*Date*

.....  
*Name & Designation*

.....  
*Organisation Stamp*

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### Important Notes:

- Submission of the nomination form should be accompanied with a brief CV of the candidate as well as a write-up of the candidate's contribution and achievements on the promotion of Responsible Care
- The closing date for nomination is on August 11, 2017 (Friday). *Early submission is encouraged.*