

CICM Responsible Care Awards 2017/2018

Nomination Form for Responsible Care Leadership Award

Organizer:



Sponsor:



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

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 **November 2, 2018 (Friday)**. *Early submission is encouraged.*