



**NOMINATION FORM
FOR THE OFFICE OF PRESIDENT
OF THE AFRICAN DEVELOPMENT BANK**

NAME OF CANDIDATE:

.....

NATIONALITY:

.....

PRESENTED BY:

| <u>NAME OF GOVERNOR</u> | <u>MEMBER STATE</u> | <u>SIGNATURE</u> |
|--------------------------------|----------------------------|-------------------------|
| | | |

DATE :

Nota Bene: Please attach a Curriculum Vitae of the candidate