



THE HINDU COUNCIL OF TANZANIA

P O Box 581, Dar Es Salaam, Tanzania

Tel: +255 688 428 428; email: secretary@hinducounciltz.org

www.hinducounciltz.org

COUNCILOR APPOINTMENT FORM

NEW APPOINTMENT (NEW MEMBERS) CHANGES

NAME OF CONSTITUENT MEMBER:

.....

COUNCILOR NO 1

Name : [First, Second and Surname]

Date of birth: [dd/mm/yyyy]

Place of birth:

City:

Street:

P O Box:

House / Plot No:

Cell 1:

Cell 2:

Fax:

Email:

Designation in your Management (if any):

Date elected / appointed:

COUNCILOR NO 2

Name : [First, Second and Surname]

Date of birth: [dd/mm/yyyy]

Place of birth:

City:

Street:

P O Box:

House / Plot No:

Cell 1:

Cell 2:

Fax:

Email:

Designation in your Management (if any):

Date elected / appointed:

ADDITIONAL INFORMATION (IF ANY)

DECLARATION:

In the management meeting held on the below was agreed.

We have appointed new Councilor (new members)

Replaced the previous Councilor with the above mentioned.

Signature & Stamp: Chairman

Date:

Signature & Stamp: Secretary

Date: