



**ZIFA®**

## ZIFA ELECTIONS NOMINATION FORM

### Enclosure 1: ZIFA Elections Nomination Form

First Name(s):

Surname(s):

Date of Birth:

Gender:

Nationality/Nationalities:

Current Position(s):

Email Address:

Mobile Phone number:

Position Being Contested:

Name of Affiliate:



## ZIFA Nominating Members

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1. Name:

Surname:

Title of Representative of Nominating ZIFA Member:  
*e.g. Mr/Mrs/Dr./Hon./Prof.*

Signature:

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2. Name:

Surname:

Title of Representative of Nominating ZIFA Member:  
*e.g. Mr/Mrs/Dr./Hon./Prof.*

Signature:

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3. Name:

Surname:

Title of Representative of Nominating ZIFA Member:  
*e.g. Mr/Mrs/Dr./Hon./Prof.*

Signature:

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4. Name:

Surname:

Title of Representative of Nominating ZIFA Member:  
*e.g. Mr/Mrs/Dr./Hon./Prof.*

Signature:



**ZIFA®**

## ZIFA Nominating Members

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5. Name:

Surname:

Title of Representative of Nominating ZIFA Member:  
*e.g. Mr/Mrs/Dr./Hon./Prof.*

Signature:

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6. Name:

Surname:

Title of Representative of Nominating ZIFA Member:  
*e.g. Mr/Mrs/Dr./Hon./Prof.*

Signature:

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7. Name:

Surname:

Title of Representative of Nominating ZIFA Member:  
*e.g. Mr/Mrs/Dr./Hon./Prof.*

Signature:

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8. Name:

Surname:

Title of Representative of Nominating ZIFA Member:  
*e.g. Mr/Mrs/Dr./Hon./Prof.*

Signature:



## Enclosure 2: ZIFA Executive Committee Eligibility Questionnaire

1. Have you been previously convicted by a final decision of any intentional indictable offence or of any offence corresponding to a violation of the rules of conduct set out in the ZIFA Code of Ethics?

☐

No

☐

Yes

If yes, please specify:

2. Has a sports governing body ever imposed any disciplinary or similar sanction or measure on you in the past for actions which amount to a violation of the rules of conduct set out in the ZIFA Code of Ethics?

☐

No

☐

Yes

If yes, please specify:

3. Are you the subject of any pending civil, criminal or disciplinary proceedings or investigations?

☐

No

☐

Yes

If yes, please specify:

4. I currently hold the following positions in football:



5. The following facts and circumstances may give rise to potential conflicts of interest regarding me (cf. the ZIFA Code of Ethics and the ZIFA Statutes, 2024 in this respect):

6. Remarks and observations which may be of potential relevance in the present context:

7. I am fully aware and agree that this questionnaire is made available to the members of the appropriate ZIFA bodies.
8. I am fully aware that I am subject to the provisions of the ZIFA Code of Ethics and to the provisions of the Statutes and other regulations of ZIFA that address integrity issues, and I fully comply with such provisions. In this respect, I have in particular taken due note of the fact that the ZIFA Code of Ethics also applies to conduct which occurred before it entered into force.
9. I am fully aware and confirm that I must notify the body conducting the eligibility check of any relevant facts and circumstances arising after the eligibility check has been completed, and that failure to do so may be subject to sanctions by the appropriate body.
10. I am fully aware and confirm that I am obliged to collaborate to establish the relevant facts with regard to the eligibility check I am subject to. In particular, I will comply with requests for any documents, information or any other material of any nature held by me. In addition, I will comply with the procurement and provision of documents, information or any other material of any nature not held by me but which I am entitled to obtain. I am fully aware and confirm that non-compliance with such requests may lead to sanctions imposed by the appropriate body.
11. I am fully aware and confirm that the body conducting the eligibility check may also request information on possible sanctions (questions 1 and 2 above) directly from the relevant Confederation or ZIFA Member Association as well as from other institutions such as the Court of Arbitration for Sport or the International Olympic Committee. In this regard, I hereby release the relevant institutions from any obligation of confidentiality relating to the information concerned.



12. I am fully aware and confirm that the body conducting the eligibility check may collect further information on my candidacy.

Place and date:

Name and signature of the nominated candidate:

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Please remember to enclose the following documents:

- Copy of candidate's C.V.
- Copy of candidate's passport(s).
- Certified Copies of Educational and Professional Qualifications
- Police Clearance



### Enclosure 3: Election Fees

Category	Position	Nomination Form Fee	Election Fee
<b>REGIONS (Women/Men)</b>	President/Chairperson	\$100	\$850
	Vice	\$100	\$750
	Board Members	\$100	\$250
<b>PROVINCES</b>	Chairperson	\$100	\$700
	Vice	\$100	\$500
	Board Members	\$100	\$250
<b>BEACH FOOTBALL</b>	Chairperson	\$100	\$700
	Vice	\$100	\$500
	Other Executive Members	\$100	\$250
<b>FUTSAL</b>	Chairperson	\$100	\$700
	Vice	\$100	\$500
	Other Executive Members	\$100	\$250
<b>AREA ZONES</b>	Chairperson	\$100	\$500
	Vice	\$100	\$300
	Other Executive Members	\$100	\$100
<b>NAPH/NASH/ Tertiary</b>	Chairperson	\$100	\$700
	Vice	\$100	\$500
	Board Members	\$100	\$250