



The Chartered
Institute of Logistics
and Transport

AWARDS NOMINATION FORM

NAME OF AWARD _____

PERSON NOMINATED _____

EMPLOYER/ADDRESS _____

CONTACT DETAILS

Ph _____ Fax: _____ E-Mail _____

BRIEF SUMMARY OF NOMINATION:- Note: (i) *For the Industry Category the Declaration concerning ownership of intellectual property form must be completed and submitted with this nomination.*

(ii) *For the Academic Category three hard copies are required and preferably one electronic.*

INFORMATION ATTACHED IN SUPPORT OF NOMINATION: _____

REFEREES: _____

CONTACT DETAILS: _____

COMMENT: _____

_____ Continue on separate page if necessary.

NOMINATOR: _____ DATE: _____

**PLEASE MAIL THIS FORM WITH THE SUPPORTING DOCUMENTS TO
NATIONAL OFFICE**

CILT New Zealand P O Box 1281, Shortland Street, Auckland Close for nominations
15th August for Academic Awards & 31st August for all Awards unless stated otherwise
(will accept mail delivered 17th August & 3rd^t September).