



**NOMINATION FORM: 2017**

**(Please note all the information requested in this form is compulsory)**

**Nominee information**

Name of nominee (Mr/Ms/Mrs/Dr/Prof/Adv.): \_\_\_\_\_

Age of nominee \_\_\_\_\_

Contact of nominee or family member (for posthumous Award): Tel \_\_\_\_\_

Email: \_\_\_\_\_

Postal or physical address: \_\_\_\_\_

Title of book/publication \_\_\_\_\_

Year of publication \_\_\_\_\_

Language \_\_\_\_\_

Category nominated for (see nomination criteria attached)

Comments to support the nominee (please also submit profile of author)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Details of nominator**

Name: \_\_\_\_\_

Contact numbers: Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature (Nominator) \_\_\_\_\_ Date \_\_\_\_\_

**Endorsement:**

I \_\_\_\_\_ the publisher/author accepts the nomination by  
\_\_\_\_\_ (the nominator) and confirm that the work submitted is my original  
work/published by/us \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Declaration:**

I/we \_\_\_\_\_ (the author/publisher) declare that should any matter  
pertaining plagiarism arise around the work submitted, I/we shall take full responsibility to respond and deal with the matter  
until its finality and confirm that the South African Literary Awards cannot be held responsible in this regard.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NB: please submit five (5) copies of the book/publication with five (5) nomination forms.**

**Submissions address**

The South African Literary Awards, P.O Box 1465, Randpark Ridge, 2156

**Contact: info@writeassociates.co.za or 060 509 5857**