

Ministry of Finance and the Public Service HRM Transformation Programme Name the System Entry Form

CONTACT DETAILS Name: Address: Ministry, Department or Agency to which you are employed: Telephone number: Email address:

Name Proposed:

Please give a brief description of the symbolism of your name:

By participating in the HRM Transformation Programme Name competition, each entrant represents and warrants that they have read and agree to be bound by the competition's official rules. Each entrant further understands that if their name is selected as the winner, they will relinquish all claims, rights (including any moral rights), and benefits related to the display, publication, use, and other exploitations of the work, other than the prize awarded to the winning entry. All submissions must be made using this form.

Entrant's signature:

Date: