



## Waterfalls Global Award FOR 50 HEALTHCARE PROFESSIONALS

### Attestation Form

In order for the Executive Committee to verify the nomination kindly complete the form, attach and send through the portal in PDF. The Nomination must be approved by the organization applying. The nominator details should match the account details.

<b>Date:</b>	
<b>Organisation Name:</b>	
<b>Nominator Name:</b>	<b>Signature:</b>
<b>Nominator Job Title:</b>	
<b>Authorized by:</b>	<b>Signature:</b>
<b>Job Title:</b>	
<b>Organisation Stamp:</b>	