



Sierra Leone Football Association

EST. 1960

AFFILIATED TO FIFA CAF AND WAFU

Tel: 23276119100/+23277049340

Fax: 241339

Email: starssierra@gmail.com

SIERRA LEONE FOOTBALL ASSOCIATION (SLFA)

NOMINATION FORM FOR ELECTIVE POSITIONS

PRESIDENT | VICE PRESIDENT 1 | VICE PRESIDENT 2 | EX-OFFICIO MEMBER(S)

Election Year: 2025

Section A: Nominee Information

- Full Name of Nominee:.....
- Date of Birth:.....
- Nationality:.....
- Contact Address:.....
- Email Address:.....
- Mobile Number(s):.....

Section B: Position Sought (Please Tick One Only)

- ☐ President
- ☐ Vice President 1
- ☐ Vice President 2
- ☐ Ex-Officio Member

Section C: Qualifications & Eligibility (Attach supporting documents)

Please attach certified copies of the following:

- Certificate of Good Candidate/ Valid Police Clearance
- Valid National ID Card/Passport
- Sworn Affidavit affirming eligibility, good character, and commitment to SLFA values
- Attestation or Endorsement Letter from the candidate's Regional or District Football Association in with the relevant SLFA statutes.
- Endorsement letters from two SLFA-affiliated bodies

President: Thomas Daddy Brima

General Secretary: Chris Kamara

The Secretariat
SLFA Football Academy
21 Battery Street, Kingtom
Freetown, Sierra Leone.
P.O Box 672

Bankers: Sierra Leone Commercial Bank, Siaka Stevens Street
Company Limited by Guarantee Registered in Sierra Leone Reg. No. C.F. 632001



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Section D: Declaration by Nominee

I,, hereby declare that:

- I am eligible and fit to contest for the position indicated above in accordance with the SLFA Statutes and Electoral Code.
- The information provided in this form and accompanying documents is true and correct to the best of my knowledge.
- I agree to abide by the rules, guidelines, and decisions of the SLFA Electoral Committee and the SLFA Congress.

Signature of Nominee:

Date:

Section E: Proposer and Secunder (Must be members of SLFA)

Name of Proposer (Club, District or Region):.....

Name of Proposing Officer:.....

Position in club or District or Region:.....

Signature:.....

Date:

Name of Secunder: (Club, District or Region):

Name of Proposing Officer:

Position in club or District or Region:.....

Signature:.....

Date:

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Section F: For Official Use Only (SLFA Electoral Committee)

- ☐ Form Received
☐ Documents Verified
☐ Nominee Eligible / Not Eligible
☐ Reference Number: _____

Remarks:

.....

.....

Name of secretariat staff receiving:

Signature:

Date:

Name of Electoral Committee Officer:

Signature:

Date:

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