

**YOGA ASSOCIATION OF SEYCHELLES**  
**ASSOCIATION NOMINATION FORM**



SURNAME: \_\_\_\_\_ NAME: \_\_\_\_\_

TITLE: (Mr./Ms./Mrs.) \_\_\_\_\_ DOB: \_\_\_\_\_

NIN NO: \_\_\_\_\_

MOBILE NO: \_\_\_\_\_ OFFICE NO: \_\_\_\_\_ HOME NO: \_\_\_\_\_

EMERGENCY CONTACT NO: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POSITION REQUESTING: \_\_\_\_\_

STATE REASON: \_\_\_\_\_

This is to certify that I ..... agreed to abide to the  
rules and regulation of Yoga Association of Seychelles.

.....  
Applicant Signature / Date

Proposed by: .....

.....  
Chairman Signature / Date

.....  
Vice-Chairman Signature / Date

**CERTIFIED YOGA INSTRUCTOR (CYI)**

Registration of SR200/- not refundable

**TO BE SENT 7 DAYS BEFORE THE ANNUAL GENERAL MEETING**

