



SHREE HINDU MANDAL

DAR ES SALAAM
HOSPITALS | SCHOOLS | WELFARE

P O Box 581 | Dar es salaam | Tanzania
022 2114991-4 | secretary@shm.or.tz | www.shm.or.tz



CHANGES IN THE APPOINTMENT OF COUNCILORS [Article 30]

[All sections must be filled if there is a new appointment of Councilor or change in any information of the Councilor]

S/N	DESIGNATION	Chairperson
1	FULL NAME	
	MOBILE NO.	
	EMAIL	
S/N	DESIGNATION	Secretary
2	FULL NAME	
	MOBILE NO.	
	EMAIL	
S/N	DESIGNATION	Ordinary Councillor
3	FULL NAME	
	MOBILE NO.	
	EMAIL	
S/N	DESIGNATION	Ordinary Councillor
4	FULL NAME	
	MOBILE NO.	
	EMAIL	
S/N	DESIGNATION	Ordinary Councillor
5	FULL NAME	
	MOBILE NO.	
	EMAIL	

Signed by the Chairperson:

Signed by the Secretary:

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Date:

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