

To: GHWP Secretariat (secretariat@ghwp.info)

Nomination Form [A]

(For GHWP Chair and Vice-chairs)

As according to the Terms of Reference (TOR) and House Rules of GHWP (Please refer to the GHWP website for more information about the TOR and House Rules of GHWP at www.ghwp.info), the support from a minimum of FIVE primary representatives of other GHWP member countries/regions (i.e. five supporters) were required for each of the nomination of the GHWP office bearers, i.e. one GHWP Chair, two GHWP Vice-chairs (Regulatory Authority) and two GHWP Vice-chairs (Industry).

PART 1 – Type of Nomination

The below filled nomination is for the election of the following post of GHWP in the 29th GHWP Annual Meeting in Bangkok of Thailand:- (Please select by ticking **either ONE** of the following boxes)

- GHWP Chair
- GHWP Vice-chair (Regulatory Authority)
- GHWP Vice-chair (Industry)

PART 2 – Nominee’s Information and Signatory

Name of Nominee : _____

Job Title of Nominee : _____

Organization : _____

Member Country/Region : _____

Email Contact : _____

This is to confirm that I am eligible[#] to be nominated and agreed to be nominated for the above position as stated in Part 1 of this nomination form. I will submit my CV to the Secretariat at secretariat@ghwp.info together with this completely filled form before the deadline of 15th November 2025. I understand that the GHWP Secretariat would review the completeness of this application, and might request supplement information to support my application, otherwise any applications would be rejected. (# Eligible as according to the TOR and House Rules of GHWP, with Highlights also provided in part 4 of this nomination form.)

(Signatory of the Nominee)



Global Harmonization Working Party

GHWP Towards Medical Device Harmonization

PART 3 – Supporters’ Information

Supporter ONE

Name : _____

Title : _____

Organization : _____

Member Country/Region : _____

Email Contact : _____

(Signature)

Supporter TWO

Name : _____

Title : _____

Organization : _____

Member Country/Region : _____

Email Contact : _____

(Signature)

Supporter THREE

Name : _____

Title : _____

Organization : _____

Member Country/Region : _____

Email Contact : _____

(Signature)



Global Harmonization Working Party

GHWP Towards Medical Device Harmonization

Supporter FOUR

Name : _____

Title : _____

Organization : _____

Member Country/Region : _____

Email Contact : _____

(Signature)

Supporter FIVE

Name : _____

Title : _____

Organization : _____

Member Country/Region : _____

Email Contact : _____

(Signature)

PART 4 – Instructions of Submission and Remarks

- a) According to the House Rules, GHWP primary representatives from regulatory authorities can be nominees in the GHWP Chair and GHWP Vice-chair (Regulatory Authority) elections. GHWP primary representatives from the industries can be nominees in the GHWP Vice-chair (Industry) election.
 - b) According to the House Rules, only GHWP primary representatives can be the supporters in this nomination form. **Each supporter** in Part 3 of the nomination form **can support ONLY ONE nominee for each of the position** as stated in Part 1 of this nomination form. According to the House Rules, supporter from the same member country/region of the nominee is **NOT** accepted. He/she may vote for another candidate in the election.
 - c) Only the submission of nomination with i) completely filled Nomination Form ii) email proof support from each of the supporter in Part 3 of this form and iii) a brief CV (maximum 2 pages in A4 size paper) of the nominee will be processed. The submission should reach the GHWP Secretariat at secretariat@ghwp.info **on or before 23:59 (GMT+8), 15th November 2025**. Any late submission will not be considered.
 - d) The GHWP Chair has the full authority to review the voting rights and validity of the nominee and the supporters as stated in this form, and to reject any application that cannot fulfill the requirements as stated in the Terms of Reference and House Rules of GHWP, and the instructions as stated in this Nomination Form.
 - e) Should there be any queries, please contact the GHWP Secretariat at secretariat@ghwp.info.
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