



# Independent National Electoral Commission

EMOC 01 (SEPTEMBER 2016)

## APPLICATION FORM FOR ELECTION OBSERVERS (Governorship Election)

Date / /	Group Leader's Names:	
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Team Name	
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Team Address	
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State	<b>EDO STATE GOVERNORSHIP ELECTION 2016</b>
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Name of Team Representative	Address
Signature	Phone
	Email

Type of Organisation	International Civ. Society Organisation		Embassy	
	Dom. Civ. Society Organisation		Others	

Source of Funds	
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Previous Electoral Experience (Attach evidence(s) if any)	Date	Where
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Type of activity covered by Team	
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**Official**

Remark	
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Approved	<input type="checkbox"/>
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Not approved	<input type="checkbox"/>
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Signature:
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National Commissioner / Director

STAMP