



INDEPENDENT NATIONAL ELECTORAL COMMISSION

2011 STATE ASSEMBLY ELECTIONS

SUBMISSION OF NAMES OF CANDIDATES BY A POLITICAL PARTY

NAME OF POLITICAL PARTY: _____

STATE: _____

S/N	NAME OF CANDIDATE	AGE	SEX	ADDRESS	CONSTITUENCY	EDUCATIONAL QUALIFICATION	REMARKS

Signed _____
Chairman

Signed _____
Secretary

NB: Please attach sworn affidavits (CF. 001) of each candidate.