



**Independent National Electoral Commission**

**INEC/EPMC 01**

**APPLICATION FORM FOR ELECTION OBSERVERS**

Date	D	/	M	/	YR	Name of organization:	
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Organization's Address:	
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Organization's Leaders Name:	
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State	
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Coordinator:	Address
Signature	Phone
	Email

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

Attach Evidence of Reg. with INEC CSO	
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Previous Electoral Observation Experience	Date	Activity: Period:
Source of Funds		

Activity applied for:	
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Indicate Two Verifiable Referees	1. Name: Address: Email/Tel.No.	2. Name: Address: Email/Tel.No.
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Remark	Approved		Not Approved		Signature:
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National Commissioner / Director

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