

## Independent National Electoral Commission EC 14A (I)

#### APPLICATION FORM FOR ELECTION OBSERVERS

D M YR Date / /		Name of organization	1:				
Organization's Address:							
Organization's Leaders Name:							
State							
		Address	Address				
Coordinator:		Phone	Phone				
Signature		Email	Email				
Type of Organisation	International Civ. Society Organisation			Embassy			
	Dom. Civ. Society Organisation			Others			
Attach Evidence of Reg. with INEC CSO							
Previous Electoral Observation Experience		Date	Activity:				
Source of Funds			Period:				
Activity applied for:							
Indicate Two Verifiable Referees		1. Name:					
Official use only		→ Address: Email/Tel.No.	L L Empil/Tol No				
Remark		Approved	oproved Not Approved Signature:				

## EC 14A (II)

### ACCREDITATION FORM FOR ELECTION OBSERVERS

# STATE OF DEPLOYMENT:

APPLICATION NO:	NAME OF ORGANISATION:

ORGANISATION ACCR NO.....

CONTACT OFFICER.....

S/N	OBSERVER NAME (IN CAPS)	M/F	GSM NO.	AREA/L.G.A. OF DEPLOYMENT