



Independent National Electoral Commission EC 14A (I)

APPLICATION FORM FOR ELECTION OBSERVERS

D M YR Date / /	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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Official use only

Remark

Approved		Not Approved		Signature:
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National Commissioner / Director

STAMP

