



INDEPENDENT NATIONAL ELECTORAL COMMISSION
DEPARTMENT OF STATE OF POL. THRU POL. AND INT.
2ND FLOOR, CHIEF, ELECTIONS

NAME: _____ DATE: _____
 ADDRESS: _____
 TELEPHONE: _____
 SIGNATURE: _____
 DATE: _____

1. Name of the candidate: _____
 2. Name of the party: _____
 3. Name of the constituency: _____
 4. Name of the district: _____
 5. Name of the ward: _____
 6. Name of the polling station: _____
 7. Name of the polling station: _____
 8. Name of the polling station: _____

SR	NAME OF CANDIDATE	NAME OF PARTY	NAME OF CONSTITUENCY	NAME OF DISTRICT	NAME OF WARD	NAME OF POLLING STATION
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9
10	10	10	10	10	10	10
11	11	11	11	11	11	11
12	12	12	12	12	12	12
13	13	13	13	13	13	13
14	14	14	14	14	14	14
15	15	15	15	15	15	15
16	16	16	16	16	16	16
17	17	17	17	17	17	17
18	18	18	18	18	18	18
19	19	19	19	19	19	19
20	20	20	20	20	20	20

NAME OF CANDIDATE: _____
 NAME OF PARTY: _____
 NAME OF CONSTITUENCY: _____
 NAME OF DISTRICT: _____
 NAME OF WARD: _____
 NAME OF POLLING STATION: _____

DATE: _____
 SIGNATURE: _____
 NAME: _____