



INDEPENDENT NATIONAL ELECTORAL COMMISSION
 NATIONAL OFFICE OF REGISTRATION OF POLITICAL PARTIES
 (NORPP) (NORPP) (NORPP)

Name: _____ Age: _____
 Date of Birth: _____ Sex: _____
 Nationality: _____ Religion: _____
 Address: _____

Signature: _____
 Date: _____
 Place: _____

Sl. No.	Full Name	Age	Sex	Religion	Signature	Date
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I hereby certify that the above is a true and correct copy of the information furnished by the registrants in the National Office of Registration of Political Parties (NORPP) (NORPP) (NORPP).

Signature: _____
 Date: _____

Signature: _____
 Date: _____