



INDEPENDENT NATIONAL ELECTORAL COMMISSION
DEPARTMENT OF REGISTRATION OF POLLS PROPOSALS UNIT
LOCAL POLLS REGISTRATION FUNCTION

Name: _____ Age: _____ Sex: _____
 Date of Birth: _____ Place of Birth: _____
 Signature: _____ Date: _____
 Phone No: _____

1. Name of the Candidate		2. Name of the Candidate		3. Name of the Candidate	
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Signature: _____ Date: _____
 Stamp: _____
 Office Use Only