GOVERNMENT OFFICERS WILLING TO WORK FOR ELECTIONS AND/OR HOUSE-TO-HOUSE ENQUIRIES

| APPLICATION FORM | |
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|-------------------------|--|

| - " | for Office Use | | | |
|-----|----------------|--|--|--|
| D/L | | | | |

| 1 | PARTICULARS OF APPLICANT (USE CAPITAL LETTERS) |
|-----|---|
| 1.1 | National Identity Card No 1.2 Title (Mr/Mrs/Miss) |
| 1.3 | Surname Surname |
| 1.4 | Other Name(s) in full |
| 1.5 | Maiden Name (where applicable) |
| 1.6 | Permanent residential address |
| | |
| 2 | PARTICULARS OF PRESENT OCCUPATION |
| 2.1 | Post Held: 2.2 Paysite Code No: |
| 2.4 | Commission: Office/School/Station/Section where you are presently working: |
| | OFNEDAL INFORMATION |
| 3 | GENERAL INFORMATION |
| 3.1 | 2 Office 3.2 2 Home 3.3 € Mobile |
| 3.4 | Email address : |
| 3.5 | Do you own a car?* Yes No |
| | 3.5.1 If yes, are you willing to use your car during election?* Yes No |
| 3.6 | Are you interested to work for house to house enquiry?* Yes No |
| | |

*Tick the appropriate box

| 4 | DECLARATION OF APPLICANT | |
|------|--|--|
| 4.1 | I, the undersigned, declare that the information elections and/or house-to-house enquiries in the | given above is true and correct; and that I am eligible to work for |
| | (i) I am a civil servant; | a |
| | (ii) I have not resigned or retired from the ser | vice: |
| | • | statal body, statutory body, local authority or the private sector; |
| | (iv) I am not on leave without pay (except for s | |
| | (v) I am not employed in the Civil Service on a | |
| | (vi) I am not under interdiction. | a contract basis, and |
| | (vi) Tam Not under interdiction. | |
| 4.2 | I also undertake to inform the Office of the Election the above conditions, or in case of any change | toral Commissioner immediately in case I no longer satisfy any o in my particulars. |
| Date | · | Signature of Applicant |
| 5 | CERTIFICATE FROM DEPARTMENTAL HEAD | (COMPULSORY) |
| | | |
| I | certify that the particulars given under Sections 1 | 1, 2 and 4.1 of this application form are correct. |
| Sea | al of the Commission: | [Name: |
| | Departmental Head : | [Status: |
| | Pate : | [Signature: |

N.B: INCOMPLETE FORMS OR THOSE NOT BEARING THE SEAL OF THE COMMISSION WILL BE REJECTED