SAFINA PARTY MEMBERSHIP VERIFICATION FORM

Surname……..Other Names……...

Date of Birth……Gender……....

ID/Passport ……...Electors Number……

Safina MembershipCard No. SF…….

Issued Date ……..……at……... (Place)

County…….... Constituency..…….

Ward……..…… Polling Station……

Religion……..……Ethnicity……

Special Interest ……..……..Member Telephone……

Are you a PWD……(If yes, indicate NCPWD No)…….

Postal Address……Code……Town……..……

I the undersigned do hereby affirm/declare/verify that I am not a registered member of any other registered political party in Kenya

Member's Signature……..……..……

Recruited by……..Telephone…….Date……

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