

* attach a colour
passport size photograph



APPLICATION FOR NOMINATION AS A SAFINA CANDIDATE

Full Names _____

ID/PP Number: _____ Sex [_____]

Date of Birth {dd.mm.yy} _____ Age _____ Years

Safina Party Membership Number _____

Disabled _____ Yes / No _____ NCPWD No _____

Current Postal Address _____

CellPhone _____ E-mail _____

Level of Education: Primary ☐ Secondary ☐ Post Secondary ☐

University ☐ None ☐

Professional Qualifications _____

Which Seat do you wish to contest for? _____

Give details:

✓ Ward _____

✓ Constituency _____

✓ County _____

Proposer; _____ ID _____

Date of Birth: _____ Postal Address: _____

Disabled: _____ Yes / No _____ Contact _____ Issued at _____

Seconder ; _____ ID _____

Date of Birth: _____ Postal Address: _____

Disabled: _____ Yes / No _____ Contact _____ Issued at _____

Have you ever been elected for the Seat you are contesting?

Yes _____ Number of Times _____ No _____

Have you ever contested for the Seat and lost? _____

Briefly state your political experience / leadership qualities.

Why the SAFINA?

Declaration :(to be signed by all those seeking SAFINA nomination)

I _____ have read,
understood and signed the SAFINA Code of Conduct. I will also abide myself by
the said Code of Conduct.

Signature _____ Date _____

Witness _____

Signature _____ ID Number _____

Received by SAFINA on

Date _____ Signature _____