



INDEPENDENT ELECTORAL AND BOUNDARIES COMMISSION

FORM 1: IEBC/DVEP-01: APPLICATION FOR ACCREDITATION FOR VOTER EDUCATION PROVIDERS

(Please fill the form and submit to IEBC office near you)

Application for Accreditation as a Voter Education Provider:

1. Name of Organization.....
(Attach Registration Certificate)
2. Physical Address.....
3. Postal Address.....
4. Cellphone contact.....Email.....
5. Principal Officers:
 - a. President/Chairperson/Director.....
Phone contact.....
Email.....
 - b. Secretary/Director.....
Phone contact.....
Email.....
6. . Person authorized by the Organization to liaise with the IEBC at HQ Level:
Name..... ID No.....

Position/Designation.....

Email.....Cell phone.....
7. Indicate objectives of your organization:

.....
.....
.....
.....

8. Indicate your experience in civic /voter education campaigns

.....
.....
.....
.....

9. Provide names and Contact details of officials authorized to liaise with the IEBC field staff.

County	Constituency	Name of Representative	Designation	Phone contact	Email

10. Indicate the estimated number of voter educators that the organization plans to deploy for voter education.....Nationwide/County/Constituency/Ward (delete whichever is not applicable).

11. Indicate your financial capacity to conduct voter education.

.....

12. Signature

Name.....ID/Passport No.....

Designation.....Cell phone.....

Email.....Signature.....

Date.....Official Stamp.....

