

DECLARATION BY ELECTION OFFICIAL

I.....of ID No. / Passport No.being
a Presiding Officer/Deputy Presiding Officer/Clerk/Agent/Interpreter at
..... Polling Station in.....Constituency/County during the
General elections/by elections to be held on.....day of.....20.....do
hereby declare as follows:

- (a) That I shall not prompt any voter whom I am empowered by the Elections Regulations to assist;
- (b) That I shall strictly follow the provisions of the election regulations.
- (c) That I shall strictly follow any instructions that may lawfully be given to me relating to these elections.

Signature.....

Date.....

NOTICE OF PRESIDENTIAL ELECTION

An election of the President of the Republic of Kenya is to be held at the forthcoming general election/other than at a general election or a fresh election.

Nomination papers for the presidential election may be delivered by the candidate or his or her supporters to the Independent Electoral and Boundaries Commission, Nairobi, between the hours of eight o'clock in the morning and one o'clock in the afternoon and between the hours of two o'clock and four o'clock in the afternoon on theday of.....,20.....and on theday of 20.....

Dated the, 20

If the presidential elections is contested, the poll will take place on the day of20.....

Dated the..... day of 20

.....

Chairperson,

Independent Electoral and Boundaries Commission

NOTICE OF VACANCY

To: THE INDEPENDENT ELECTORAL AND BOUNDARIES COMMISSION

FOR THE CONSTITUENCY/COUNTY*

WHEREAS a vacancy has arisen in the office of a member of the National Assembly/
Senate/County in respect of the above-mentioned constituency/county:

NOW, THEREFORE, in pursuance of the provisions of section 16(3) of the Elections Act 2011,
I command you that, due notice being first given, you do cause election to be held according to
law of a member to serve in the National Assembly/Senate for the said constituency/county.

Dated the..... 20

.....

*Speaker of the National Assembly /Senate**

***delete as appropriate**

NOTICE OF VACANCY

To: THE INDEPENDENT ELECTORAL AND BOUNDARIES COMMISSION
FOR THE WARD

WHEREAS a vacancy has arisen in the office of a member of the County assembly in respect of the above-mentioned ward:

NOW, THEREFORE, in pursuance of the provisions of section 19(3) of the Elections Act 2011, **I command that**, due notice being first given, you do cause election to be held according to law of a member to serve in the county assembly for the said ward.

Dated the..... 20

.....

Speaker of the county assembly

NOTICE OF PARLIAMENTARY ELECTION

An election is to be held for a member to serve in the National Assembly/Senate for the
..... Constituency/County.

The day for nomination for the parliamentary election will be theday of
..... 20 and nomination papers may be delivered by candidates to the
Returning officer between the hours of eight o'clock in the morning and one o'clock in the
afternoon and between the hours two o'clock and four o'clock in the afternoon on the
day of20 and on theday of, 20

If the parliamentary election is contested the poll will take place on the.....day of
..... 20.....

Dated the..... day of 20

.....

Chairperson,
Independent Electoral and Boundaries Commission

NOTICE OF COUNTY GOVERNOR ELECTION

An election is to be held of a County Governor to serve in County Assembly for the County.

The day for nomination for the County Governor Election will be theday of 20 and nomination papers may be delivered by candidates to the returning officer at.....between the hours of eight o'clock in the morning and one o'clock in the afternoon and between the hours two o'clock and four o'clock in the afternoon on the day of 20 and on theday of 20

If the County Governor Election is contested the poll will take place on the.....day of20.....

Dated the..... day of 20

.....
Chairperson,
Independent Electoral and Boundaries Commission

NOTICE OF COUNTY ASSEMBLY ELECTION

An election is to be held for a member to serve in County Assembly for the..... Ward of.....County

The day for nomination for the County Assembly Ward Election will be the day of 20..... and nomination papers may be delivered by candidates to the returning officer at..... between the hours of eight o'clock in the morning and one o'clock in the afternoon and between the hours of two o'clock and four o'clock in the afternoon on the day of 20 and on theday of 20.....

If the County Assembly Ward Election is contested the poll will take place on theday of 20

Dated the..... day of 20

.....

Chairperson,

Independent Electoral and Boundaries Commission

ELECTION OF PRESIDENT

There is to be an election of a President of the Republic of Kenya. Voting in this election will take place on theday of, 20.....

.....

.....

Returning Officer,

..... *Constituency*

ELECTION OF MEMBER OF PARLIAMENT

There is to be an election of a member to serve in the National Assembly /Senate for the..... County/Constituency.

A parliamentary election will be held on the.....day of 20

Each political party wishing to participate in the election must finalize their nomination of candidates before theday of 20

Nomination papers for the election may be delivered to the returning officer between the hours of eight o'clock in the morning and one o'clock on theday of 20 and forms of nomination papers therefore may be obtained at between the hours of nine o'clock in the morning and one o'clock on any week day. The returning officer will prepare a nomination paper for signature at the request of any person who is a registered voter in his constituency.

Dated theday of 20

.....

Returning Officer

ELECTION OF COUNTY GOVERNOR

There is to be an election of a County Governor for the County.

A County Governor election will be held on the.....day of 20

Each political party wishing to participate in the election must finalize their nomination of candidates before the, 20

Nomination papers for the election may be delivered to the returning officer at between the hours of eight o'clock in the morning and one o'clock on theday of, 20 and forms of nomination papers therefore may be obtained at between the hours of nine o'clock in the morning and one o'clock on any week day. The returning officer will prepare a nomination paper for signature at the request of any person who is a registered voter in his constituency.

Dated theday of 20

.....

Returning Officer

ELECTION OF COUNTY ASSEMBLY

There is to be an election of a member to serve in the County Assembly for the..... County.

A County Assembly election will be held on theday of20.....

Each political party wishing to participate in the election must finalize their nomination of candidates before the, 20Nomination papers for the election may be delivered to the returning officer at..... between the hours of eight o'clock in the morning and one o'clock on the.....day of 20 and forms of nomination papers therefore may be obtained at between the hours of nine o'clock in the morning and one o'clock on any week day. The returning officer will prepare a nomination paper for signature at the request of any person who is a registered voter in his constituency.

Dated theday of 20

.....

Returning Officer

FORM11A

(r.13A))

PARTY MEMBERSHIP LIST

Party Name: Party Code:
 County: County Code:
 Constituency: Constituency Code:
 County Assembly Ward: CAW Code:

[illegible]

FORM11B

(r.13B))

**LIST OF ASPIRANTS IN PARTY PRIMARIES
PRESIDENTIAL CANDIDATES**

Party Name: Party Code:

Nominations Date:

Nominations Venue:

[illegible]

FORM 11C

(r.13B))

LIST OF ASPIRANTS IN PARTY PRIMARIES SENATE CANDIDATES

Party Name: Party Code:

County: County Code:

.....Nominations Date:

[illegible]

FORM 11D

(r.13B)

**LIST OF ASPIRANTS IN PARTY PRIMARIES
WOMAN REPRESENTATIVE CANDIDATES**

Party Name: Party Code:

County: County Code:

Nominations Date:

[illegible]

FORM11E

(r.13B))

LIST OF ASPIRANTS IN PARTY PRIMARIES
MEMBER OF NATIONAL ASSEMBLY CANDIDATES

Party Name: Party Code:

County: County Code:

Constituency: Constituency Code:

Nominations Date:

[illegible]

FORM 11F

(r.13B)

LIST OF ASPIRANTS IN PARTY PRIMARIES COUNTY GOVERNOR CANDIDATES

Party Name: Party Code:

County: County Code:

Nominations Date:

[illegible]

FORM11G

(r.13B))

LIST OF ASPIRANTS IN PARTY PRIMARIES COUNTY ASSEMBLY WARD CANDIDATES

Party Name: Party Code:
 County: County Code:
 Constituency: Constituency Code:
 County Assembly Ward: CAW Code:
 Nominations Date:

[illegible]

FORM11G

(r.13C))

**LIST OF NOMINATED CANDIDATES IN PARTY PRIMARIES
PRESIDENTIAL CANDIDATE**

Party Name: Party Code:

No	Surname	Other Names	ID/Passport Number	Gender	Year Of Birth	Type of Disability (if any)

FORM11H

(r.13C)

LIST OF NOMINATED CANDIDATES IN PARTY PRIMARIES
SENATE CANDIDATES

Party Name: Party Code:

County: County Code:

[illegible]

Party Name: Party Code:
County: County Code:

[illegible]

FORM 11K

(r.13C)

LIST OF NOMINATED CANDIDATES IN PARTY PRIMARIES
MEMBER OF NATIONAL ASSEMBLY CANDIDATES

Party Name: Party Code:

County: County Code:

Constituency: Constituency Code:

[illegible]

Party Name: Party Code:
County: County Code:

[illegible]

FORM 11M

(r.13C)

LIST OF NOMINATED CANDIDATES IN PARTY PRIMARIES
COUNTY ASSEMBLY WARD CANDIDATES

Party Name: Party Code:

County:County Code:

Constituency: Constituency Code:

County Assembly Ward: CAW Code:

[illegible]

INTENTION TO CONTEST AS AN INDEPENDENT CANDIDATE

I,ID No. / Passport No.
do hereby make an application to contest as an Independent Candidate in the Election for
..... President / Senate /Woman
Representative / Member of National Assembly / Governor / Member of County Assembly in
..... County / Constituency / County Assembly Ward
to be held on theday of 20.....

Contacts

Physical address:
.....

Tel:

Email:

Signature:

Dated.....20.....

FORM11P

(r.10)

**SUBMISSION OF PARTICULARS AND SYMBOL BY AN INDEPENDENT
CANDIDATE**

I,ID No. / Passport No.
having made an application to contest as an Independent Candidate in the Election for
..... President / Senate /County
Woman Member to the National Assembly / Member of National Assembly / Governor /
Member of County Assembly in County /
Constituency / County Assembly Ward to be held on theday of
20 do hereby submit my symbol for approval by the Commission.

Name of Symbol:

Signature:

Dated.....20.....

(Attach print and electronic copy of the symbol)

Coloured
Passport Size
Photo

**NOMINATION PAPER FOR PRESIDENTIAL ELECTION
(PARTY SPONSORED OR INDEPENDENT)**

Election of President of the Republic of Kenya to be held on the.....day of
....., 20.....

We, the undersigned being registered as voters, in the constituencies shown below do hereby
nominate the under mentioned person as a candidate at the said election.

Particulars of the Candidate

	Particulars of Candidate	Particulars of Running Mate
Name in Full		
Occupation		
National Identity Card or Passport No.		
Sex		
Date of Birth		
Physical address		
Postal address		
Political Party		
Party Register No./ Clearance Certificate No. of Independent Candidate		
Telephone contacts	1. 2.	1. 2.

And I, the aforesaid do hereby consent to my
nomination as a candidate for election as President of the Republic of Kenya and hereby certify
that I am in all respects qualified for nomination as such candidate.

Signature of Candidate:Dated.....

Proposer:

Full Names

National Identity Card or Passport No.....

Constituency.....

Party Office held in Party (for Party Sponsored Candidate only).....

Signature of..... Date:

Second:

Full Names

National Identity Card or Passport No.....

Constituency.....

Party Office held in Party (for Party Sponsored Candidate only).....

Signature of..... Date:

**SUPPORTERS OF PRESIDENTIAL ELECTION CANDIDATE
(PARTY SPONSORED OR INDEPENDENT)**

Election of the President of the Republic of Kenya will be held on theday of
.....20.....

We, the undersigned, being registered voters, do hereby support the nomination
of.....as a candidate for election as President of there public
of Kenya.

<i>No.</i>	<i>Name</i>	<i>I.D Card No./ Passport No.</i>	<i>County</i>	<i>Constituency</i>	<i>Signature/Thumb Print</i>
<i>1.</i>					
<i>2.</i>					
<i>3.</i>					
<i>4.</i>					

N/B a total of at least 2000 supporters from at least 24 counties must be submitted to the
Commission.

STATUTORY DECLARATION FOR PURPOSES OF NOMINATION FORELECTION

I.....of ID/Passport No.do
solemnly and sincerely declare as follows: –

1. I do hereby consent to my nomination as a candidate at the election to be held in there public of Kenya.
2. I am duly qualified and am not disqualified by law for election.
3. I am qualified under, and have complied with, the Constitution and rules relating to persons wishing to contest as a candidate for.....for elections

And I make this declaration conscientiously believing the same to be true and according to the Oaths and Statutory Declarations Act, **Cap 15 Laws of Kenya.**

Declared atthis.....day of 20

Signature of Declarant.....

Before me

.....
Magistrate/Commissioner for Oaths

*The declarant names must be written in the order in which he or she wishes them to appear on the nomination statement and the surname must be underlined.

**CERTIFICATE THAT ONLY ONE PERSON IS NOMINATED FOR ELECTION AS
PRESIDENT**

I, the Chairperson of the Independent Electoral and Boundaries Commission do hereby certify that the only person who stands validly nominated for the presidential election is –

<i>Name</i>	<i>Place of Residence</i>	<i>ID/Passport number</i>	<i>Occupation/ Description</i>

And that he/she has therefore been declared elected as President.

Dated this..... 20.....

.....

Chairperson

Independent Electoral and Boundaries Commission

Passport Size
Photo

**NOMINATION PAPER FOR MEMBER OF NATIONAL ASSEMBLY
(PARTY SPONSORED OR INDEPENDENT)**

Election of a Member of National Assembly of theConstituency to be held on theday of 20.....

We, the undersigned, being registered voters in the constituency nominate the under mentioned person as a candidate at the National Assembly election.

Particulars of the Candidate:

Name in Full	
Occupation	
National Identity Card or Passport No.	
Sex	
Date of Birth	
Physical Address	
Postal Address	
Political Party	
Party Register No./ Clearance Certificate	
No. of Independent Candidate	
Telephone Contacts	1. 2.

And I, the aforesaid do hereby consent to my nomination as a candidate for election as Member of National Assembly of the Constituency and hereby certify that I am in all respects qualified for nomination as such candidate.

Signature of Candidate: Date:

Proposer:

Full Names

National Identity Card or Passport No.....

Constituency.....

Party Office held in Party (for Party Sponsored Candidate only).....

Signature of..... Date:

Second:

Full Names

National Identity Card or Passport No.....

Constituency.....

Party Office held in Party (for Party Sponsored Candidate only).....

Signature of..... Date:

Passport Size Photo

**NOMINATION PAPER FOR COUNTY WOMANMEMBER OF THE NATIONAL
ASSEMBLY
(PARTY SPONSORED OR INDEPENDENT)**

Election of a Member of National Assembly of theCounty to be held
on the Day of 20.....

We, the undersigned, being registered voters in the County nominate the under-mentioned person
as a candidate at the National Assembly election.

Particulars of the Candidate:

Name in Full	
Occupation	
National Identity Card or Passport No.	
Sex	
Date of Birth	
Physical Address	
Postal Address	
Political Party	
Party Register No./ Clearance Certificate No. of Independent Candidate	
Telephone Contacts	1. 2.

And I, the aforesaid do hereby consent to my nomination as a candidate for election as Member of National Assembly of the County and hereby certify that I am in all respects qualified for nomination as such candidate.

Signature of Candidate: *Date:*

Proposer:

Full Names

National Identity Card or Passport No.....

Constituency.....

Party Office held in Party (for Party Sponsored Candidate only).....

Signature of..... *Date:*

Second:

Full Names

National Identity Card or Passport No.....

Constituency.....

Party Office held in Party (for Party Sponsored Candidate only).....

Signature of..... *Date:*

**SUPPORTERS OF INDEPENDENT CANDIDATE FOR ELECTION OF MEMBER OF
NATIONAL ASSEMBLY**

We, the undersigned, being registered voters, do hereby support the nomination of
.....as a candidate for election as a Member of
National Assembly for the Constituency.

<i>No.</i>	<i>Name</i>	<i>I.D Card No./ Passport No.</i>	<i>County</i>	<i>Constituency</i>	<i>Signature/Thumb Print</i>
<i>1.</i>					
<i>2.</i>					
<i>3.</i>					
<i>4.</i>					

N/B a total of at least 1000 supporters from the constituency must be submitted to the Returning officers for every independent candidate.

**SUPPORTERS OF INDEPENDENT CANDIDATE FOR ELECTION OF COUNTY
WOMAN MEMBER TO THE NATIONAL ASSEMBLY**

We, the undersigned, being registered voters, do hereby support the nomination of
.....as a candidate for election as a County Woman
Member of National Assembly for the County.

<i>No.</i>	<i>Name</i>	<i>I.D Card No./ Passport No.</i>	<i>County</i>	<i>Constituency</i>	<i>Signature/Thumb Print</i>
<i>1.</i>					
<i>2.</i>					
<i>3.</i>					
<i>4.</i>					

N/B a total of at least 1000 supporters from the county must be submitted to the Returning officers for every independent candidate.

Passport Size Photo

NOMINATION PAPER FOR SENATE ELECTION

(PARTY SPONSORED OR INDEPENDENT)

Election of a Member of the Senate for the County to be held on the day of 20.....

We, the undersigned supporters, being registered as voters in the county holding the election do hereby nominate the under mentioned person as a candidate at the Senate election.

Particulars of the Candidate:

Name in Full	
Occupation	
National Identity Card or Passport No.	
Sex	
Date of Birth	
Physical Address	
Postal Address	
Political Party	
Party Register No./ Clearance Certificate No. of Independent Candidate	
Telephone Contacts	1. 2.

And I, the aforesaid do hereby consent to my nomination as a candidate for election as Senator for the County and hereby certify that I am in all respects qualified for nomination as such candidate

Signature of Candidate: *Date:*

Proposer:

Full Names

National Identity Card or Passport No.....

Constituency.....

Party Office held in Party (for Party Sponsored Candidate only).....

Signature of..... Date:

Seconder:

Full Names

National Identity Card or Passport No.....

Constituency.....

Party Office held in Party (for Party Sponsored Candidate only).....

Signature of..... Date:

SUPPORTERS OF INDEPENDENT CANDIDATE FOR SENATE ELECTION

We, the undersigned, being registered voters, do hereby support the nomination of.....as a candidate for election as Senator of the County.

<i>No.</i>	<i>Name</i>	<i>I.D Card No./ Passport No.</i>	<i>County</i>	<i>Constituency</i>	<i>Signature/Thumb Print</i>
<i>1.</i>					
<i>2.</i>					
<i>3.</i>					
<i>4.</i>					

N/B: A total of at least 2,000 supporters from the county for the Senate must be submitted to the Returning officers for every independent candidate.

NOMINATION PAPER FOR ELECTION OF COUNTY GOVERNOR

Election of a County Governor of the County to be held on the day of 20.....

We, the undersigned supporters, being registered voters in the County Assembly Wards of the County holding the election do hereby nominate the undermentioned person as a candidate at the said election.

Particulars of the Candidate

	Particulars of Candidate	Particulars of Running Mate
Name in Full		
Occupation		
National Identity Card or Passport No.		
Sex		
Date of Birth		
Physical Address		
Postal Address		
Political Party		
Party Register No./ Clearance Certificate		
No. of Independent Candidate		
Telephone Contacts	1. 2.	1. 2.

And I, the aforesaid do hereby consent to my nomination as a candidate for election as County Governor of theCounty and hereby certify that I am in all respects qualified for nomination as such candidate.

Signature of Candidate: Date:

Proposer:

Full Names

National Identity Card or Passport No.....

Constituency.....

Party Office held in Party (for Party Sponsored Candidate only).....

Signature of..... Date:

Second:

Full Names

National Identity Card or Passport No.....

Constituency.....

Party Office held in Party (for Party Sponsored Candidate only).....

Signature of..... Date:

**SUPPORTERS OF INDEPENDENT CANDIDATE FOR ELECTION OF COUNTY
GOVERNOR**

We, the undersigned, being registered voters, do hereby support the nomination of
..... as a candidate for election as County Governor of the
..... County.

<i>No.</i>	<i>Name</i>	<i>I.D Card No./ Passport No.</i>	<i>County</i>	<i>Constituency</i>	<i>Signature/Thumb Print</i>
<i>1.</i>					
<i>2.</i>					
<i>3.</i>					
<i>4.</i>					

*N/B: a total of at least 500 supporters from wards concerned must be submitted to the
Returning officers for every independent candidate.*

Passport Size Photo

NOMINATION PAPER FOR ELECTION OF MEMBER OF COUNTY ASSEMBLY

Election of a Member of County Assembly for Ward in
..... County to be held on the day of
..... 20.....

We, the undersigned supporters, being registered as voters, in theCounty
Assembly Ward ofCounty holding the election do hereby nominate the
under mentioned person as a candidate at the said election.

Particulars of Candidate:

Name in Full	
Occupation	
National Identity Card or Passport No.	
Sex	
Date of Birth	
Physical Address	
Postal Address	
Political Party	
Party Register No./ Clearance Certificate No. of Independent Candidate	
Telephone Contacts	1. 2.

And I, the aforesaid do hereby consent to my nomination as a candidate for election as County Assembly member of the County Assembly ward of.....County and hereby certify that I am in all respects qualified for nomination as such candidate.

Signature of Candidate: Date:

Proposer:

Full Names

National Identity Card or Passport No.....

Constituency.....

Party Office held in Party (for Party Sponsored Candidate only).....

Signature of..... Date:

Second:

Full Names

National Identity Card or Passport No.....

Constituency.....

Party Office held in Party (for Party Sponsored Candidate only).....

Signature of..... Date:

**SUPPORTERS OF INDEPENDENT CANDIDATE FOR ELECTION OF MEMBER OF
COUNTY ASSEMBLY**

We, the undersigned, being registered voters, do hereby support the nomination of.....as a candidate for election as Member of County Assembly Ward for the Ward in

<i>No.</i>	<i>Name</i>	<i>I.D Card No./ Passport No.</i>	<i>County</i>	<i>Constituency</i>	<i>County Assembly Ward</i>	<i>Signature/Thumb Print</i>
<i>1.</i>						
<i>2.</i>						
<i>3.</i>						
<i>4.</i>						

N/B: A total of at least 500 supporters from the County Assembly ward must be submitted to the Returning officer for every independent candidate.

**STATUTORY DECLARATION FOR PURPOSES OF NOMINATION FOR
PARLIAMENTARY AND COUNTY ELECTIONS**

I.....of ID No. / Passport No.

do solemnly and sincerely declare as follows: –

1. I do hereby consent to my nomination as a candidate at the election to be held in
the..... County / Constituency / County Assembly
Ward.
2. I am duly qualified and am not disqualified by law for the election.
3. I am qualified under, and have complied with, the Constitution and rules relating to
persons wishing to contest as a candidate forelections.

And I make this declaration conscientiously believing the same to be true and according to the
Oaths and Statutory Declarations Act. **Cap 15 Laws of Kenya**

Declared atthis.....day, 20

Signature of Declarant.....

Before me

.....

Magistrate/Commissioner for Oaths

Dated:of, 20

*The declarant names must be written in the order in which he or she wishes them to appear on
the nomination statement and the surname must be underlined.

CERTIFICATE OF NOMINATION FOR PRESIDENTIAL ELECTION

I, the Chairperson of the Independent Electoral and Boundaries Commission do hereby certify that..... of ID No. / Passport No.....is validly nominated for the Presidential election to be held onday of20..... in the Republic of Kenya.

Dated this.....day of20.....

.....

Chairperson

Independent Electoral and Boundaries Commission

CERTIFICATE OF NOMINATION FOR PARLIAMENTARY/COUNTY ELECTIONS

I.....the Returning Officer
for.....County / Constituency / County Assembly Ward*, do
hereby certify that..... of ID No. / Passport
No.....is validly nominated for the National Assembly / Senate /County
Governor/County Assembly election*to be held onday of
.....20..... in County / Constituency / County
Assembly Ward*.

Dated this.....day of20.....

Signature:

Returning Officer

.....

***delete as appropriate**

CERTIFICATE THAT NO PERSON NOMINATED

I.....the Returning Officer
for..... County / Constituency / County Assembly Ward,*do
hereby certify that no person is validly nominated for the National Assembly / Senate /County
Governor/County Assembly election*to be held onday of
.....20..... in County / Constituency / County
Assembly Ward.*

Signature:

Returning Officer

.....

*delete as appropriate

CERTIFICATE THAT ONLY ONE PERSON NOMINATED FOR ELECTION

I.....the Returning Officer
for..... County / Constituency / County Assembly Ward,*do
hereby certify that the only one person who is validly nominated for the National Assembly /
Senate /County Governor/County Assembly election* is:-

<i>Name</i>	<i>Place of Residence</i>	<i>ID/Passport number</i>	<i>Occupation/ Description</i>

Dated this..... day of 20.....

Signature:

RETURNING OFFICER

.....

*delete as appropriate

STATEMENT OF PERSONS NOMINATED FOR PARLIAMENTARY AND COUNTY ELECTIONS

I.....the Returning Officer for..... County / Constituency / County Assembly Ward,*do hereby declare that the following persons have been and now stand nominated for the County / Constituency / County Assembly Ward election*to be held onday of20.....

Particulars of Candidates

No.	Full Name of Candidate	Id /Passport Number	Party Sponsored Or Independent Candidate	Symbol	Proposer and Seconder	Occupation	Contact
					1. 2.		
					1. 2.		
					1. 2.		

The voters belonging to the voters areas specified hereunder may vote only at the polling station specified and the days and hours for polling at those polling stations shall be as specified Herein:

County code	County	Constituency code	Constituency	Ward code	Ward name	Polling station code	Polling Stations	Day and Hours of Polling

Dated this day of..... 20.....

.....

Returning Officer

***delete as appropriate**

NOTICE OF WITHDRAWAL OF CANDIDATURE AFTER NOMINATION

To the Chairperson Independent Electoral and Boundaries Commission (Presidential

or

To the Returning Officer County / Constituency /
County Assembly Ward

I, ID No. / Passport No.
having been duly nominated by the Commission on the day of
20..... as a candidate to contest in the Election for
..... President / Senate /Woman Representative /
Member of National Assembly / Governor / Member of County Assembly in
..... County / Constituency / County Assembly Ward
to be held on theday of 20..... do hereby withdraw my
candidature.

Signature:

Dated.....20.....

Remarks by RO

.....
.....

Name: (*Returning Officer*)

ID No:

Signature:

Date: 20

Stamp

*delete as appropriate

FORM 24B

(r 54(2))

POLITICAL PARTY LIST FOR ALLOCATION OF SPECIAL SEATS

Name of Political Party

[illegible]

FORM 25

(r. 68(1)(a))

BALLOT PAPER

Counterfoil

S/No.

PRESIDENTIAL ELECTION, 20

IN THE CONSTITUENCY

.....Polling Station

S/No.....

.....Constituency.

.....Polling Station


INSTRUCTIONS TO VOTER:

1. Mark the paper by placing a mark against the name of the candidate and the symbol of the party you wish to elect.
2. Place a mark against only one candidate.
3. Make no other mark whatsoever on the paper.
4. Fold the paper through the centre, from left to right, so as to conceal your vote. Then put the

MAAGIZO KWA MPIGA KURA:

1. Weka alama kwenye nafasi iliotengwa kwa jina la mgombeaji au picha ya chama ungependa kuchagua.
2. Weka alama kwa mgombeaji mmoja tu
3. Usiweke alama yeyote nyingine kwenye karatasi ya kura
4. Kunja karatasi katikati kutoka kushoto kwenda kulia

ballot into the ballot box.	ili kuficha kura yako halafu tumbukiza kwenye sanduku.
------------------------------------	--

Voter's Mark/Alama ya kura Tick (✓) cross (×) Thumb print (☐ )

Party /Candidates Symbol	Presidential Candidate Photo and Name	Deputy Presidential Name	Voter's Mark/Alama ya kura

BALLOT PAPER**Counterfoil**

S/No.

NATIONAL ASSEMBLY ELECTION IN THE, 20

IN THE CONSTITUENCY

.....Polling Station

S/No.....

.....Constituency.

.....Polling Station


INSTRUCTIONS TO VOTER:

1. Mark the paper by placing a mark against the name of the candidate and the symbol of the party you wish to elect.
2. Place a mark against only one candidate.
3. Make no other mark whatsoever on the paper.
4. Fold the paper through the centre, from left to right, so as to conceal your vote. Then put the

MAAGIZO KWA MPIGA KURA:

1. Weka alama kwenye nafasi iliotengwa kwa jina la mgombeaji au picha ya chama ungependa kuchagua.
2. Weka alama kwa mgombeaji mmoja tu
3. Usiweke alama yeyote nyingine kwenye karatasi ya kura
4. Kunja karatasi katikati kutoka kushoto kwenda kulia

ballot into the ballot box.	ili kuficha kura yako halafu tumbukiza kwenye sanduku.
------------------------------------	--

Voter's Mark/Alama ya kura Tick (√) cross (×) Thumb print (☐ )

Party/Candidates Symbol	Candidate Photo and Name	Voter's Mark/Alama ya kura

BALLOT PAPER**Counterfoil**

S/No.

COUNTY WOMAN MEMBER TO THE NATIONAL ASSEMBLY ELECTION, 20

.....

IN THE CONSTITUENCY

.....Polling Station

S/No.....

.....Constituency.

.....Polling Station


INSTRUCTIONS TO VOTER:

1. Mark the paper by placing a mark against the name of the candidate and the symbol of the party you wish to elect.
2. Place a mark against only one candidate.
3. Make no other mark whatsoever on the paper.
4. Fold the paper through the centre, from left to right, so as to conceal your vote. Then put the

MAAGIZO KWA MPIGA KURA:

1. Weka alama kwenye nafasi iliotengwa kwa jina la mgombeaji au picha ya chama ungependa kuchagua.
2. Weka alama kwa mgombeaji mmoja tu
3. Usiweke alama yeyote nyingine kwenye karatasi ya kura

ballot into the ballot box.	4. Kunja karatasi katikati kutoka kushoto kwenda kulia ili kuficha kura yako halafu tumbukiza kwenye sanduku.
------------------------------------	---

Voter's Mark/Alama ya kura Tick (✓) cross (✗) Thumb print ()

Party/Candidates Symbol	Candidate Photo and Name	Voter's Mark/Alama ya kura

FORM 28

(r. 68(1)(D))

BALLOT PAPER

Counterfoil

S/No.

SENATE ELECTION, 20

IN THE CONSTITUENCY

.....Polling Station

S/No.....

.....Constituency.

.....Polling Station


INSTRUCTIONS TO VOTER:

1. Mark the paper by placing a mark against the name of the candidate and the symbol of the party you wish to elect.
2. Place a mark against only one candidate.
3. Make no other mark whatsoever on the paper.
4. Fold the paper through the centre, from left to right, so as to conceal your vote. Then put the

MAAGIZO KWA MPIGA KURA:

1. Weka alama kwenye nafasi iliotengwa kwa jina la mgombeaji au picha ya chama ungependa kuchagua.
2. Weka alama kwa mgombeaji mmoja tu
3. Usiweke alama yeyote nyingine kwenye karatasi ya kura
4. Kunja karatasi katikati kutoka kushoto kwenda kulia

ballot into the ballot box.	ili kuficha kura yako halafu tumbukiza kwenye sanduku.
------------------------------------	--

Voter's Mark/Alama ya kura Tick (✓) cross (×) Thumb print (☐ )

Party/Candidates Symbol	Candidate Photo and Name	Voter's Mark/Alama ya kura

BALLOT PAPER**Counterfoil**

S/No.

COUNTY GOVERNOR ELECTION, 20

IN THE CONSTITUENCY

.....Polling Station

S/No.....

.....Constituency.

.....Polling Station


INSTRUCTIONS TO VOTER:

1. Mark the paper by placing a mark against the name of the candidate and the symbol of the party you wish to elect.
2. Place a mark against only one candidate.
3. Make no other mark whatsoever on the paper.
4. Fold the paper through the centre, from left to right, so as to conceal your vote. Then put the

MAAGIZO KWA MPIGA KURA:

1. Weka alama kwenye nafasi iliotengwa kwa jina la mgombeaji au picha ya chama ungependa kuchagua.
2. Weka alama kwa mgombeaji mmoja tu
3. Usiweke alama yeyote nyingine kwenye karatasi ya kura
4. Kunja karatasi katikati kutoka kushoto kwenda kulia

ballot into the ballot box.	ili kuficha kura yako halafu tumbukiza kwenye sanduku.
------------------------------------	--

Voter's Mark/Alama ya kura Tick (✓) cross (×) Thumb print (☐ )

Party/Candidates Symbol	Candidate Photo and Name	Voter's Mark/Alama ya kura

FORM 30

(r. 68(1)(f))

BALLOT PAPER

Counterfoil

S/No.

MEMBER OF COUNTY ASSEMBLY ELECTION, 20

IN THE WARD

.....Polling Station


S/No.....

.....Constituency.

.....Polling Station

<p>INSTRUCTIONS TO VOTER:</p> <ol style="list-style-type: none">1. Mark the paper by placing a mark against the name of the candidate and the symbol of the party you wish to elect.2. Place a mark against only one candidate.3. Make no other mark whatsoever on the paper.4. Fold the paper through the centre, from left to right, so as to conceal your vote. Then put the	<p>MAAGIZO KWA MPIGA KURA:</p> <ol style="list-style-type: none">1. Weka alama kwenye nafasi iliotengwa kwa jina la mgombeaji au picha ya chama ungependa kuchagua.2. Weka alama kwa mgombeaji mmoja tu3. Usiweke alama yeyote nyingine kwenye karatasi ya kura4. Kunja karatasi katikati kutoka kushoto kwenda kulia
---	---

ballot into the ballot box.	ili kuficha kura yako halafu tumbukiza kwenye sanduku.
------------------------------------	--

Voter's Mark/Alama ya kura Tick (✓) cross (×) Thumb print (☐ )

Party/Candidates Symbol	Candidate Photo and Name	Voter's Mark/Alama ya kura

FORM 31

(r. 68(1)(f))

BALLOT PAPER

Counterfoil

S/No.

REFERENDUM ELECTION IN THE

.....CONSTITUENCY,

20

.....Polling Station

S/No.....

.....Constituency.

.....Polling Station


INSTRUCTIONS TO VOTER:

1. Mark the paper by placing a mark against the name of the candidate and the symbol of the party you wish to elect.
2. Place a mark against only one candidate.
3. Make no other mark whatsoever on the paper.
4. Fold the paper through the centre, from left to right, so as to conceal your vote. Then put the

MAAGIZO KWA MPIGA KURA:

1. Weka alama kwenye nafasi iliotengwa kwa jina la mgombeaji au picha ya chama ungependa kuchagua.
2. Weka alama kwa mgombeaji mmoja tu
3. Usiweke alama yeyote nyingine kwenye karatasi ya kura

ballot into the ballot box.	4. Kunja karatasi katikati kutoka kushoto kwenda kulia ili kuficha kura yako halafu tumbukiza kwenye sanduku.
------------------------------------	---

Voter's Mark/Alama ya kura Tick (✓) cross (×) Thumb print (☐ )

Answer/Jibu	Symbol/Alama	Voter's Mark/Alama ya kura

DECLARATION OF SECRECY MADE BY A PERSON ASSISTING A VOTER

I.....of ID No. / Passport No..... Tel
No. P.O. Box..... do declare that at these elections I
shall assist the voter in strict obedience to the following requirements, namely: —

- (1) That I shall not communicate to any person the name or identity of the candidate for
whom the voter I am assisting is about to vote or has voted for;
- (2) That I shall mark the vote of the voter I am assisting for the candidate of the voter's
choice and for no other person;
- (3) That I shall maintain and aid in maintaining the secrecy of the voting in this polling
station.

Signature of the person assisting the voter.....

For Official Use

Declared before the Presiding/Deputy Presiding Officer for
.....Polling Station in
.....Constituency.

This..... Day of20.....

Signature of Presiding/Deputy Presiding Officer:

Stamp

FORM 32A**(r.69(1)(h)(ii))****VOTER IDENTIFICATION & VERIFICATION FORM**

County: County Code:
Constituency: Constituency Code:
County Assembly Ward: CAW Code:
Polling Centre: Code:
Polling Station:

This is to confirm that the voter whose particulars are indicated below was not identified by the electronic voter identification device but was identified in the print out of the register of voters in respect of the above Polling Station.

Particulars of Voter

Surname:	
Other Names:	
Gender:	
ID/Passport No.	

Witnesses

<i>No.</i>	<i>Name of Candidate or Agent</i>	<i>ID/Passport No.</i>	<i>Party Name/ Independent Candidate</i>	<i>Tel. Contact</i>	<i>Signature</i>	<i>Date</i>
1.						
2.						
3.						

Name of the Presiding Officer:

ID Number:

Signature:

Date:

Stamp

Name of Polling Station		Code:	
Name of Constituency		Code	
Candidate Name			
Party Sponsored or Independent			

Mark every vote counted close the box as follows total for each row is 50

[illegible]

Total votes: =

PRESIDENTIAL ELECTION RESULTS AT THE POLLING STATION

S/Number.....

Name of Polling Station:Code.....

Ward.....Code.....

Constituency.....Code.....

County.....Code.....

Number of votes cast in favour of each candidate:

Name of Candidate	No. of Valid Votes Obtained
Total number of valid votes cast	

Polling Station Counts

1.	Total Number of Registered Voters in the Polling Station;	
2.	Total Number of Rejected Ballot Papers;	
3.	Total Number of Rejection Objected To Ballot Papers;	
4.	Total Number of Disputed Votes;	
5.	Total Number of Valid Votes Cast;	

Decision(s) on disputed votes if any

Serial Number of Ballot Paper (s) with disputed vote	Name of Candidate assigned the vote

Declaration

We, the undersigned, being present when the results of the count were announced, do hereby declare that the results shown above are true and accurate count of the ballots in.....Polling Station..... Constituency.

Presiding Officer:Signature.....Date.....

Deputy Presiding Officer:Signature Date.....

Agents or Candidates (if present)

<i>No.</i>	<i>Name of Candidate or Agent</i>	<i>ID/Passport No.</i>	<i>Party Name/ Independent Candidate</i>	<i>Tel. Contact</i>	<i>Signature</i>	<i>Date</i>
1.						
2.						
3.						

Reasons for Refusal to Sign (if any)

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.....

Presiding Officer's Comments:

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.....

**COLLATION OF PRESIDENTIAL ELECTION RESULTS AT THE
CONSTITUENCY TALLYING CENTRE**

S/Number.....

Constituency.....Code.....

County.....Code.....

Polling Station Code	Name of Polling Station	Registered Voters	Candidate 1	Candidate 2	Candidate 3	Total Valid Votes	Rejected Ballots

Agents or Candidates (if present)

No.	Name of Candidate or Agent	ID/Passport No.	Party Name/ Independent Candidate	Tel. Contact	Signature	Date
1						
2						
3						

Name of the Constituency Returning Officer:

ID Number:

Signature:

Date:

Handing Over - Taking Over at the National Presidential Tallying Centre

<u>HANDING OVER</u>	<u>TAKING OVER</u>
Number of FORM 34 A submitted:	Number of FORM 34 A received:
Name of the Constituency Returning Officer:	Commission Chairperson:
ID Number:	ID Number:
Signature:	Signature:
Date:	Date:
Time:	Time:

FORM 34 C

(r.87(4)(b))

DECLARATION OF RESULTS FOR ELECTION OF THE PRESIDENT OF THE REPUBLIC OF KENYA
AT THE NATIONAL TALLYING CENTRE

S/Number:

Name of National Tallying Centre:

[illegible]

Aggregate Results

No.	Name of Candidate	Valid Votes in Figures	Percentage of votes cast	Number of Counties the Candidate has attained at least 25% of Total Valid Votes Cast

Signatures of Candidates or Agents

<i>No.</i>	<i>Name of Candidate or Agent</i>	<i>ID/Passport No.</i>	<i>Party Name/ Independent Candidate</i>	<i>Tel. Contact</i>	<i>Signature</i>	<i>Date</i>
1						
2						
3						

Commission Chairperson:

ID Number:

Signature:

Date:

Form 34 D

(r.87(4)(f))

CERTIFICATE OF THE PRESIDENT-ELECT OF THE REPUBLIC OF KENYA

The Chairperson of the Independent Electoral and Boundaries Commission hereby declares that.....of
ID No.....has been duly elected as the President of the
Republic of Kenya under the provisions of Article 138 of the Constitution in the Presidential
Election held onday of20.....

Chairperson of IEBC:

Signature:

Dated this.....Day of....., 20.....

Stamp

S/Number.....

Name of Polling English:Code.....

Ward.....Code.....

Constituency.....Code.....

County.....Code.....

Name of Candidate	No. of Valid Votes Obtained
Total number of Valid Votes cast	

1.	Total Number of Registered Voters in the Polling Station;	
2.	Total Number of Rejected Ballot Papers;	
3.	Total Number of Rejection Objected To Ballot Papers;	
4.	Total Number of Disputed Votes;	
5.	Total Number of Valid Votes Cast;	

Serial Number of Ballot Paper (s) with disputed vote	Name of Candidate assigned the vote

We, the undersigned, being present when the results of the count were announced, do hereby declare that the results shown above are true and accurate count of the ballots in.....polling station..... constituency.

Presiding Officer:Signature.....Date.....

Deputy Presiding Officer:Signature Date.....

Agents or Candidates (if present)

<i>No.</i>	<i>Name of Candidate or Agent</i>	<i>ID/Passport No.</i>	<i>Party Name/ Independent Candidate</i>	<i>Tel. Contact</i>	<i>Signature</i>	<i>Date</i>
1.						
2.						
3.						

Reasons for Refusal to Sign (if any)

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

Presiding Officer's Comments:

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

Form 35 B

(r.83(1)(d))

**DECLARATION OF MEMBER OF NATIONAL ASSEMBLY ELECTION RESULTS
AT THE CONSTITUENCY TALLYING CENTRE**

S/Number.....

Name of Constituency: Code:

[illegible]

Aggregate Results

No.	Name of Candidate	Valid Votes in Figure	Valid Votes in Words

Voter Turn Out

Total number of registered voters:

Total number of voters who turned out to vote:

Percentage of Voter turnout:

Signatures of Candidates or Agents

<i>No.</i>	<i>Name of Candidate or Agent</i>	<i>ID/Passport No.</i>	<i>Party Name/ Independent Candidate</i>	<i>Tel. Contact</i>	<i>Signature</i>	<i>Date</i>
1						
2						
3						

Constituency Returning Officer:

ID Number:

Signature:

Date:

STAMP

CERTIFICATE OF ELECTED MEMBER OF NATIONAL ASSEMBLY

The Constituency Returning Officer hereby declares that
of ID No.....has been duly elected as the Member of National
Assembly forConstituency in the election held on
.....day of20.....

Constituency Returning Officer:

Signature:

Dated this.....Day of....., 20.....

Stamp

MEMBER OF COUNTY ASSEMBLY ELECTION RESULTS
AT THE POLLING STATION

S/Number.....

Name of Polling Station:Code.....

Ward.....Code.....

Constituency.....Code.....

County.....Code.....

Number of votes cast in favour of each candidate:

Name of Candidate	No. of Valid Votes Obtained
Total valid votes cast	

Polling Station Counts

1.	Total Number of Registered Voters in the Polling Station	
2.	Total Number of Rejected Ballot Papers	
3.	Total Number of Rejection Objected to Ballot Papers	
4.	Total Number of Disputed Votes	
5.	Total Number of Valid Votes Cast	

Decision(s) on disputed votes if any

Serial Number of Ballot Paper (s) with disputed vote	Name of Candidate assigned the vote

Declaration

We, the undersigned, being present when the results of the count were announced, do hereby declare that the results shown above are true and accurate count of the ballots in.....Polling Station..... Constituency.

Presiding Officer:*Signature*.....Date.....

Deputy Presiding Officer:*Signature* Date.....

Agents or Candidates (if present)

<i>No.</i>	<i>Name of Candidate or Agent</i>	<i>ID/Passport No.</i>	<i>Party Name/ Independent Candidate</i>	<i>Tel. Contact</i>	<i>Signature</i>	<i>Date</i>
1.						
2.						
3.						

Reasons for Refusal to Sign (if any)

.....

Presiding Officer's Comments:

.....

FORM 36 B**(r.83(1)(d))****DECLARATION OF MEMBER OF COUNTY ASSEMBLY ELECTION RESULTS AT
THE CONSTITUENCY TALLYING CENTRE**

S/Number:

Name of Constituency:Code:

Name of County Assembly Ward:Code:

Polling Station code	Name of Polling Station	Registered Voters	Candidate 1	Candidate 2	Candidate 3	Total Valid Votes	Rejected Ballots
Total							

Aggregate Results

No.	Name of Candidate	Valid Votes in Figure	Valid Votes in Words

Voter Turn Out

Total number of registered voters:

Total number of voters who turned out to vote:

Percentage of Voter turnout:

Signatures of Candidates or Agents

<i>No.</i>	<i>Name of Candidate or Agent</i>	<i>ID/Passport No.</i>	<i>Party Name/ Independent Candidate</i>	<i>Tel. Contact</i>	<i>Signature</i>	<i>Date</i>
1						
2						
3						

Constituency Returning Officer:

ID Number:

Signature:

Date:

CERTIFICATE OF ELECTED MEMBER OF COUNTY ASSEMBLY

The Constituency Returning Officer hereby declares that of
ID No.....has been duly elected as the Member of County
Assembly forWard of
County in the election held onday of20.....

Constituency Returning Officer:

Signature:

Dated this.....Day of....., 20.....

Stamp

COUNTY GOVERNOR ELECTION RESULTS AT THE POLLING STATION

S/Number.....

Name of Polling Station:Code.....

Ward.....Code.....

Constituency.....Code.....

County.....Code.....

Number of votes cast in favour of each candidate:

Name of Candidate	No. of Valid Votes Obtained
Total valid votes cast	

Polling Station Counts

1.	Total Number of Registered Voters in the Polling Station;	
2.	Total Number of Rejected Ballot Papers;	
3.	Total Number of Rejection Objected To Ballot Papers;	
4.	Total Number of Disputed Votes;	
5.	Total Number of Valid Votes Cast;	

Decision(s) on disputed votes if any

Serial Number of Ballot Paper (s) with disputed vote	Name of Candidate assigned the vote

Declaration

We, the undersigned, being present when the results of the count were announced, do hereby declare that the results shown above are true and accurate count of the ballots in.....Polling Station..... Constituency.

Presiding Officer:Signature..... Date.....

Deputy Presiding Officer:Signature Date.....

Agents or Candidates (if present)

<i>No.</i>	<i>Name of Candidate or Agent</i>	<i>ID/Passport No.</i>	<i>Party Name/ Independent Candidate</i>	<i>Tel. Contact</i>	<i>Signature</i>	<i>Date</i>
1.						
2.						
3.						

Reasons for Refusal to Sign (if any)

.....

Presiding Officer's Comments:

.....

FORM 37 B**(r. 87(1)(a))****COLLATION OF COUNTY GOVERNOR ELECTION RESULTS AT THE
CONSTITUENCY TALLYING CENTRE**

S/Number.....

Constituency.....Code.....

County.....Code.....

Name of Constituency Tallying Centre

Polling Station Code	Name of Polling Station	Reg. Voters	Candidate 1	Candidate 2	Candidate 3	Total Valid Votes	Rejected Ballots

Signatures of Candidates or Agents

<i>No.</i>	<i>Name of Candidate or Agent</i>	<i>ID/Passport No.</i>	<i>Party Name/ Independent Candidate</i>	<i>Tel. Contact</i>	<i>Signature</i>	<i>Date</i>
1						
2						
3						

Name of the Constituency Returning Officer:

ID Number:

Signature:

Date:

Handing Over - Taking Over at the County Tallying Centre

<u>HANDING OVER</u>	<u>TAKING OVER</u>
Number of FORM 37A submitted:	Number of FORM 37A received:
Name of the Constituency Returning Officer:	County Returning Officer:
ID Number:	ID Number:
Signature:	Signature:
Date:	Date:
Time:	Time:

FORM 37 C

(r.87(2)(b))

**DECLARATION OF THE COUNTY GOVERNOR ELECTION RESULTS AT THE
COUNTY TALLYING CENTRE**

S/Number.....

CountyCode.....

Name of County Tallying Centre.....

Constituency Code	Constituency Name	Polling Station Code	Name of Polling Station	Name of Candidate	Name of Candidate	Name of Candidate	Votes Cast	Rejected Votes	Valid Votes
Constituency Sub-Total									
Constituency Sub-Total									
County Total									

Aggregate Results

No.	Name of Candidate	Valid Votes in Figure	Valid Votes in Words

Signatures of Agents or/and Candidates

<i>No.</i>	<i>Name of Candidate or Agent</i>	<i>ID/Passport No.</i>	<i>Party Name/ Independent Candidate</i>	<i>Tel. Contact</i>	<i>Signature</i>	<i>Date</i>
1						
2						
3						

County Returning Officer:

ID Number:

Signature:

Date:

CERTIFICATE OF THE ELECTED COUNTY GOVERNOR

The County Returning Officer hereby declares that
of ID No.....has been duly elected as theCounty Governor for
..... County in the election held onday of
.....20.....

County Returning Officer:

Signature:

Dated this.....Day of....., 20.....

Stamp

SENATE ELECTION RESULTS AT THE POLLING STATION

S/Number.....

Name of Polling Station:Code.....

Ward.....Code.....

Constituency.....Code.....

County.....Code.....

Number of votes cast in favour of each candidate:

Name of Candidate	No. of Valid Votes Obtained
Total valid votes cast	

Polling Station Counts

1.	Total Number of Registered Voters in the Polling Station	
2.	Total Number of Rejected Ballot Papers	
3.	Total Number of Rejection Objected To Ballot Papers	
4.	Total Number of Disputed Votes	
5.	Total Number of Valid Votes Cast	

Decision(s) on disputed votes if any

Serial Number of Ballot Paper (s) with disputed vote	Name of Candidate assigned the vote

Declaration

We, the undersigned, being present when the results of the count were announced, do hereby declare that the results shown above are true and accurate count of the ballots in.....Polling Station..... Constituency.

Presiding Officer:Signature.....Date.....

Deputy Presiding Officer:Signature Date.....

Agents or Candidates (if present)

<i>No.</i>	<i>Name of Candidate or Agent</i>	<i>ID/Passport No.</i>	<i>Party Name/ Independent Candidate</i>	<i>Tel. Contact</i>	<i>Signature</i>	<i>Date</i>
1.						
2.						
3.						

Reasons for Refusal to Sign (if any)

.....

Presiding Officer's Comments:

.....

COLLATION OF SENATE ELECTION RESULTS AT THE CONSTITUENCY TALLYING CENTRE

S/Number.....

Constituency.....Code.....

County.....Code.....

Name of Constituency Tallying Centre

Polling Station Code	Name of Polling Station	Reg. Voters	Candidate 1	Candidate 2	Candidate 3	Total Valid Votes	Rejected Ballots

Signatures of Candidates or Agents

No.	Name of Candidate or Agent	ID/Passport No.	Party Name/ Independent Candidate	Tel. Contact	Signature	Date
1						
2						
3						

Name of the County Returning Officer:

ID Number:

Signature:

Date:

Handing Over - Taking Over at the County Tallying Centre

<u>HANDING OVER</u>	<u>TAKING OVER</u>
Number of FORM 38 A submitted:	Number of FORM 38 A received:
Name of the Constituency Returning Officer:	County Returning Officer:
ID Number:	ID Number:
Signature:	Signature:
Date:	Date:
Time:	Time:

DECLARATION OF SENATE ELECTION RESULTS AT THE COUNTY TALLYING CENTRE

S/Number.....

Name of CountyCode.....

Name of County Tallying Centre.....

Constituency Code	Constituency Name	Polling Station Code	Name of Polling Station	Name of Candidate 1	Name of Candidate 2	Name of Candidate 3	Valid Votes	Rejected Ballots
Constituency Sub-Total								
Constituency Sub-Total								
County Total								

Voter Turn Out

Total number of registered voters:

Total number of voters who turned out to vote:

Percentage of Voter turnout:

Aggregate Results

No.	Name of Candidate	Valid Votes in Figure	Valid Votes in Words

Signatures of Agents or/and Candidates

<i>No.</i>	<i>Candidates or Candidates' Agents name</i>	<i>Candidates or Candidates' Agents ID Number</i>	<i>Party / independent candidate</i>	<i>Contact</i>	<i>Candidates or Candidates' Agents signature</i>	<i>Date</i>
1						
2						
3						

County Returning Officer:

ID Number:

Signature:

Date:

CERTIFICATE OF THE ELECTED SENATOR

The County Returning Officer hereby declares that
of ID No.....has been duly elected as the Senator for
..... County in the election held onday of
.....20.....

County Returning Officer:

Signature:

Dated this.....Day of....., 20.....

Stamp

**COUNTY WOMAN MEMBER TO THE NATIONAL ASSEMBLY ELECTION
RESULTS AT THE POLLING STATION**

S/Number.....

Name of Polling Centre:Code.....

Polling Station No:

Ward.....Code.....

Constituency.....Code.....

County.....Code.....

Number of votes cast in favour of each candidate:

Name of Candidate	No. of Valid Votes Obtained
Total valid votes cast	

Polling Station Counts

1.	Total Number of Registered Voters in the Polling Station	
2.	Total Number of Rejected Ballot Papers	
3.	Total Number of Rejection Objected to Ballot Papers	
4.	Total Number of Disputed Votes	
5.	Total Number of Valid Votes Cast	

Decision(s) on disputed votes if any

Serial Number of Ballot Paper (s) with disputed vote	Name of Candidate assigned the vote

Declaration

We, the undersigned, being present when the results of the count were announced, do hereby declare that the results shown above are true and accurate count of the ballots in.....Polling Station..... Constituency.

Presiding Officer:Signature.....Date.....

Deputy Presiding Officer:Signature Date.....

Agents or Candidates (if present)

<i>No.</i>	<i>Name of Candidate or Agent</i>	<i>ID/Passport No.</i>	<i>Party Name/ Independent Candidate</i>	<i>Tel. Contact</i>	<i>Signature</i>	<i>Date</i>
1.						
2.						
3.						

Reasons for Refusal to Sign (if any)

.....

Presiding Officer's Comments:

.....

FORM 39 B**(r.87(1)(a))****COLLATION OF COUNTY WOMAN MEMBER TO THE NATIONAL ASSEMBLY
ELECTION RESULTS AT THE CONSTITUENCY TALLYING**

S/Number.....

Constituency.....Code.....

County.....Code.....

Name of Constituency Tallying Centre.....

Polling Station Code	Name of Polling Station	Registered Voters	Candidate 1	Candidate 2	Candidate 3	Total Valid Votes	Rejected Ballots

Signatures of Candidates or Agents

No.	Name of Candidate or Agent	ID/Passport No.	Party Name/ Independent Candidate	Tel. Contact	Signature	Date
1						
2						
3						

Name of the County Returning Officer:

ID Number:

Signature:

Date:

Handing Over - Taking Over at the County Tallying Centre

<u>HANDING OVER</u>	<u>TAKING OVER</u>
Number of FORM 39 A submitted:	Number of FORM 39 A received:
Name of the Constituency Returning Officer:	County Returning Officer:
ID Number:	ID Number:
Signature:	Signature:
Date:	Date:
Time:	Time:

DECLARATION OF COUNTY WOMAN MEMBER TO THE NATIONAL ASSEMBLY ELECTION RESULTS AT THE COUNTY TALLYING CENTRE

S/Number.....

County.....Code.....

Name of County Tallying Centre.....Code.....

Constituency Code	Constituency Name	Polling Station Code	Name of Polling Station	Name of Candidate	Name of Candidate	Name of Candidate	Votes Cast	Rejected Votes	Valid Votes
Constituency Sub-Total									
Constituency Sub-Total									
County Total									

Voter Turn Out

Total number of registered voters:

Total number of voters who turned out to vote:

Percentage of Voter turnout:

Aggregate Results

No.	Name of Candidate	Valid Votes in Figure	Valid Votes in Words

Signatures of Agents and Candidates

No.	Name of Candidate or Agent	ID/Passport No.	Party Name/ Independent Candidate	Tel. Contact	Signature	Date
1						
2						
3						

County Returning Officer:

ID Number:

Signature:

Date:

**CERTIFICATE OF ELECTED COUNTY WOMAN MEMBER
TO THE NATIONAL ASSEMBLY**

The County Returning Officer hereby declares that
of ID No.....has been duly elected as theCounty Woman
Member to the National Assemblyfor County
in the election held onday of20.....

County Returning Officer:

Signature:

Dated this.....Day of....., 20.....

Stamp

NOTICE OF FRESH PRESIDENTIAL ELECTION

A fresh election of a President of the Republic of Kenya shall be held onand will be contested between the following candidates:

Name	Candidate/Party Symbol
1.	
2.	

The presidential poll will take place on theday of20.....

.....

Chairperson,

FORM 42**r(78(3))****STATEMENT ON REJECTED BALLOT PAPER(S)**

I,ID No.....
the Presiding Officer for.....Polling Station do
hereby certify that the reasons recorded below for rejection of the ballot papers were the
reasons provided by me hereunder;

Elective Position:

SERIAL NUMBER	REASON(S) FOR REJECTION

Presiding Officer's Name:

Signature:

Date: (STAMP)