



FORM 1: IEBC/DVEP-01

APPLICATION FORM FOR ACCREDITATION AS A VOTER EDUCATION PROVIDER

(Please fill in duplicate)

1. Name of Organization.....

2. Registration certificate No: (Attach certified copy of the registration certificate).....

3. Physical Address.....

4. Telephone 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:
 - a. Name..... ID No.....

 - b. Position/Designation..... Address.....

 - c. Telephone.....Email.....

7. Objectives of the organization (as per registration certificate)
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8. Experience in public outreach/awareness/civic/voter education campaigns (campaigns carried out and when)

9. Name and contacts your officials at the grass root level.

County	Constituency	Name of Representative	Designation	Phone contact	Email

10. Number of voter educators the organization engages in area of operations.
 (Indicate whether National/County/Constituency/Ward level)

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11. Source(s) of funding for your civic/voter education activities

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12. Name of the applying officer:.....ID.....

Designation.....

Signature.....

Official Stamp

Date.....

Please note: IEBC does not support voter education providers financially.