



LOCAL GOVERNMENT COUNCILS BY-ELECTIONS, 2024

(Local Governments Act, Cap 243) [as amended]

NOMINATION PAPER
FOR SUB COUNTY/TOWN/MUNICIPAL DIVISION ELECTIONS
(FILL IN TRIPLICATE)

FEMALE COUNCILLOR REPRESENTING PEOPLE WITH DISABILITIES (PWDS)

We, the undersigned registered voters in the Sub County/Town/Municipal Division of hereby propose the under mentioned person as a candidate for election as a **Female PWD Councillor** for
Sub County/Town/Municipal Division in District and we certify that to the best of our knowledge and belief she is qualified to be elected as such.

Particulars of Candidate:

Candidate's Surname in full	
Other Names	
Address/Telephone No.	
Occupation/Profession	
Voter No. or National ID No. or Application ID No.	
Age	
Sex	
Address for Service of Process and Papers	

Particulars of Persons Making Nomination:

	Name	Place of Residence and Address	Voter No. or National ID No. or Application ID No.	Signature
Proposer				
Seconder				



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FORM EC4
Section 119 (4)(a)

We, the undersigned registered voters in Electoral Area in

Sub County/Town/Municipal Division, in District hereby support the nomination of

No.	Names of Persons Supporting Nomination of Candidate	Village(s)	Voter No. or National ID No. or Application ID No.	Occupation	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Certified by Political Party/Organisation or Candidate

Signature and stamp

Date



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APPOINTMENT OF OFFICIAL AGENT OF CANDIDATE

(To be filled in by Candidate)

I, candidate for, appoint:

Names (Surname first) of

Voter No. or National ID No. or Application ID No. ,

Address ,

Occupation ,

to be my official agent for my election as Female PWD Councillor for

Electoral Area, Sub County/Town/Municipal Division in

..... District.

.....
Signature

Date:

ACCEPTANCE OF APPOINTMENT

(To be filled in by Official Agent)

I of the above names, Voter
No. or National ID No. or Application ID No., address and occupation, do consent to my appointment
as official agent of the candidate named in this Nomination Paper.

.....
Signature of Official Agent

Date:



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OATH AUTHENTICATING STATEMENT

I, solemnly swear in the name of the Almighty God / solemnly affirm that the statement in this Nomination Paper of my name, age, address, occupation, address for service of process and papers and the name and address of my appointed agent are correct to the best of my knowledge and belief.

.....
Signature

Date:

Before me

Name: Signature: Date:

[A Commissioner for Oaths or Magistrate, Registrar of High Court (including Deputy and District Registrar) or other person authorised by law to administer oaths.]

SPONSORSHIP OF CANDIDATE BY POLITICAL PARTIES/ORGANISATION OR INDEPENDENT **[Section 119A of The Local Governments Act, (Cap 243)] (as amended)**

I am sponsored for nomination by
(state name of political party / organization sponsoring, or candidate if independent)

whose address is
(state address of political party or organization sponsoring, or candidate if independent)

.....
Signature

Certified by Political Party/Organisation or Candidate if Independent:

Name of Certifying Officer :

Designation:

Signature:

Please authenticate with the Official Stamp



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**STATEMENT UNDER OATH BY PERSON TO BE NOMINATED AS A
SUB COUNTY/TOWN/MUNICIPAL DIVISION COUNCILLOR**

- I , do solemnly and sincerely state that:
1. I am a citizen of Uganda.
 2. I am not below the age of eighteen years.
 3. I am registered as a voter in Electoral
Area, District with Voter No. or National ID No. or Application ID
No.
 4. I am not a traditional or cultural leader (as defined in clause (6) of article 246 of the Constitution of Uganda) [as amended]
 5. I have the following educational qualifications:
 - (i)
 - (ii)
 - (iii)
 - (iv)
 - (v)
 6. I do not owe allegiance to any country other than Uganda.
 7. I am not under sentence of death or other sentence of imprisonment without the option of a fine, imposed on me by any competent court.
 8. I have not been adjudged or otherwise declared-
 - (i) Bankrupt under any law in force in Uganda from which I have not been discharged; nor
 - (ii) To be of unsound mind, under any laws in force in Uganda
 9. I am not disqualified -
 - (i) by reason of my holding or acting in any office the functions of which involve a responsibility for or in connection with the conduct of an election;
 - (ii) For any other reason under the Local Government Act, (Cap 243) as amended or any other law in force in Uganda.

.....
Signature

Date:

Before me

Name: Signature: Date:

[A Commissioner for Oaths or Magistrate, Registrar of High Court (including Deputy and District Registrar) or other person authorised by law to administer oaths.]



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CONSENT TO NOMINATION AS A CANDIDATE

I do consent to my nomination as candidate for , Electoral
Area in Sub County/Town/Municipal Division
in District, and I make this solemn statement knowing
and believing it to be true.

Subscribed and solemnly declared by me at , on this
..... day of , 20.....

.....
Candidate's Signature

Date:

Before me

Name: Signature: Date:
*[A Commissioner for Oaths or Magistrate, Registrar of High Court (including Deputy
and District Registrar) or other person authorised by law to administer oaths.]*



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DECLARATION OF NOMINATED CANDIDATE

I, being Returning Officer
/Assistant Returning Officer for Electoral District,
pursuant to the Local Government Act, Cap 243 (as amended), declare,
duly nominated/not duly nominated as a candidate to contest for election as **Sub County/Town/
Municipal Division Female Councillor representing PWDs** for
Sub County/Town/Municipal Division in District.

If aspiring Candidate is not duly nominated, Returning Officer/Assistant Returning Officer should state reasons why he/she is not nominated.

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

Returning Officer/Assistant Returning Officer: Name

Signature & Stamp

Date:

Place

Time



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GUIDE FOR PAYMENT OF NOMINATION FEES FOR SUB COUNTY/TOWN/MUNICIPAL DIVISION FEMALE COUNCILLOR REPRESENTING PWDs

1.0 LEGAL REQUIREMENT

Section 119(4)(f)(ii), Local Government, 2005 (as amended) provides that the nomination paper shall be accompanied by a nomination fee of one currency point, equivalent to Shs. 20,000/= (Twenty thousand shillings only).

2.0 PAYMENT PROCEDURE

Note: Aspiring candidates shall pay nomination fees to the Sub County/Town/Municipal Division Council in cash or bank draft and be issued with a General Receipt.

3.0 CONFIRMING PAYMENT OF NOMINATION FEE

- (i) The aspiring candidate shall present the "GENERAL RECEIPT" obtained from the Sub County/Town/Municipal Division Council on or before nomination day to the Returning Officer/Assistant Returning Officer.
- (ii) The Returning Officer/Assistant Returning Officer shall verify the payment with Sub County/Town/Municipal Division Council.

4.0 PRESENTATION OF THE GENERAL RECEIPT TO THE RETURNING OFFICER/ASSISTANT RETURNING OFFICER

On nomination day the aspiring candidate shall present the GENERAL RECEIPT to the Returning Officer/Assistant Returning Officer with other nomination documents, confirming payment of the nomination fee.