



ELECTION OF SUB COUNTY COMMITTEES FOR PERSONS WITH DISABILITIES, 2020
(Persons with Disabilities Act, 2019)

NOMINATION PAPER
(FILL IN DUPLICATE)

(A) District: Code.....
Constituency: Code.....
Sub County/Town/Municipal Division: Code.....
Office Contested:

(B) PARTICULARS OF CANDIDATE:

1.	Candidate's Surname in full	
2.	Other Names	
3.	Sex	
4.	Date of Birth	
5.	Category of Disability	
6.	Address/Telephone No.	
7.	Occupation/ Profession	
8.	NIN	
9.	Voter Personal ID No.	
10.	Address for Service of process and papers	

We, the undersigned registered voters in the Sub County/Town/Municipal Division of

.....
hereby propose the above mentioned person as a candidate for election to the

office of:

We certify that to the best of our knowledge and belief he/she is qualified to be elected as such.

(C) Particulars of Persons Making Nomination:

	Names	Sub County/Town/ Municipal Division	Contact/Telephone No.	NIN/Voter Personal ID No.	Signature
Proposer					
Seconded					

(D) Sponsorship by Political Party/Organisation or Independent

I am sponsored for Nomination by
 whose address is
(State name of Political Party or Organization sponsoring, or Candidate if Independent)
(state address of Political Party or Organization sponsoring, or Candidate if Independent)

..... Candidate's Signature

Certified by Political Party/Organisation or Candidate if Independent:

Name of Certifying Officer: Designation:
 Signature :
(please authenticate with the Official Stamp)

(E) DECLARATION BY CANDIDATE

I Solemnly swear in the name of the Almighty God/solemnly affirm that
 the information given is correct to the best of my knowledge and belief.
 Signature of Candidate Date:

(F) DECLARATION BY THE PRESIDING OFFICER

I, being Presiding Officer for Sub County/Town/Municipal Division,
 pursuant to the Persons with Disabilities Act, 2019, declare , duly nominated/not duly nominated
 as a candidate to contest for election.

Presiding Officer: Name Signature Date and Time