

Application for Accreditation as an Electoral Observer Group



Name of organisation

Name of Chairperson, Secretary or Head of

Contact details of organisation:

Address:
Phone:
Mobile Phone:
Fax:
Email:

Type of organisation:

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International NGO
Government/Parliamentary delegation
Intergovernmental body
Religious organisation
Academic organisation
Community based organisation
Civil Society Organisation
Other *(Please describe)*

Proposed deployment dates: from: to

Name of liaison officer

Liaison officer's contact details in Honiara

Address
Phone
Mobile phone
Email or fax

I hereby declare that all the information supplied in this form is correct and that the organisation is not affiliated in any way with any candidate or political party

Signature of Head of Organisation

Date

Please complete and return this form, together with the list of your observers and their passport size photograph, to the Office of the Solomon Islands Electoral Commission

For office use only

Accreditation number

Received by Date

CEO's signature Date

