



PROPOSER REGISTRATION FORM

First Name			
Middle Name			
Last Name			
Email			
Phone No.			
IDNo./Passport No.			
Date of Birth	Gender		<input type="checkbox"/> M <input type="checkbox"/> F
Are you a Person with a disability?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<small>✓ Tick appropriately</small>
Ethnicity			
Religion	County		
Constituency	Ward		
Polling Centre			
Level	<input type="checkbox"/> Proposer (Ksh. 1,500)		

Signature or



Fingerprint

Bring your form with proof of payment failure to which your forms will not be processed

NOTE

Please attach your ID copy.

Secretary General,

CHAMA CHA UZALENDO.

0721280573, 0727311126, 0722308124



• chamachauzalendokenya@gmail.com
• info@ccuparty.co.ke



www.ccuparty.co.ke



SECONDER REGISTRATION FORM

First Name			
Middle Name			
Last Name			
Email			
Phone No.			
IDNo./Passport No.			
Date of Birth	Gender		<input type="checkbox"/> M <input type="checkbox"/> F
Are you a Person with a disability?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<small>✓ Tick appropriately</small>
Ethnicity			
Religion	County		
Constituency	Ward		
Polling Centre			
Level	<input type="checkbox"/> Seconder(Ksh. 1,500)		

Signature _____ or



Fingerprint

Bring your form with proof of payment failure to which your forms will not be processed

NOTE

Please attach your ID copy.

Secretary General,

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