



PROPOSER REGISTRATION FORM

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

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

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Fingerprint



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