**FORM A**

**Application for Accreditation as an Electoral Observer Group**

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| **PLEASE COMPLETE AND RETURN THIS FORM, TOGETHER WITH THE LIST OF YOUR OBSERVERS, TO THE OFFICE OF THE ELECTORAL COMMISSION BY 4.30PM ON SATURDAY 10th SEPTEMBER 2022.** Name of organisation: |
| Name of chairperson, secretary or head of organization: |
| Contact address of organisation: |
| Contact details of organisation: |   |   |   |   |   |   |   |
| Phone |   |   |   |   |
| Mobile Phone |   |   |   |
| Email or fax |
| Type of organisation |   |   |   |   |   |   |   |
|  |  | International NGO |   |   |  Religious organisation |   |   |   |
|  |  | Government/parliamentary delegation |   |  Civil society organisation  |   |   |   |
|   |   | Intergovernmental body |   |   |  Academic organisation |   |   |   |
|  |  | Community organisation |   |   |   |   |   |
|   |   | Other *(Please describe)* |   |
| Proposed date of deployment of electoral observers: |   |   |   |
| Name of proposed liaison officer for the organisation: |
| 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. I further declare that this organisation is not affiliated in any way with any candidate for political office.** |   |   |   |   |   |   |
| Signature of Head of Organisation |
| Date: |   |   |   |   |   |   |   |   |
| For office use only |
| Accreditation number: |
| Received by: |  Date: |
| CEO's signature: |  Date approved: |