**FORM A**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | | | |