THE ORANGE DEMOCRATIC MOVEMENT APPLICATION FORM FOR NOMINATION AS A PARTY CANDIDATE

(To Be Completed in Triplicate)

To: Secretary
The National Elections Coordinating Committee (NECC)
Orange Democratic Movement
P.O Box 42242 – 00100
NAIROBI

PART A: CANDIDATE'S PARTICULARS

I,	,(full names) do hereby apply to be nominated as the						
Oran	ge Democratic Movement candidate to contest in the						
fort	hcoming By-Election in						
1.	Party Membership No						
2.	National Identity Card / Passport No						
3.	Physical Address						
4.	Postal Address						
5.	. Telephone						
6.	6. Email Address						
7.	7. Sub location						
8. Ward							
9. Constituency							
10. County							
	PART B: PARTICIPATION IN PARTY AFFAIRS AND PROGRAMMES						
(Should the answer space be insufficient for your answer; see indicate "SEE ATTACHED" in the form and attach your answer to the form. No answer can be no more than half-a-page.)							
	1. How long have you been a member of the Orange Democratic Movement Party?						
	2. Are you up to date with the payment of your membership subscriptions and other						
	applicable contributions? If Yes, please attach evidence of payments made						

3.	Provide evidence of your participation in the party affairs. (Use separate sheet of paper if necessary)
4.	Are you a member of any organ of the party? If yes, state the organ.
5.	Have you been the subject of any Disciplinary proceedings by the Party? If yes, state the nature of the disciplinary proceedings and the outcome. (Use separate sheet of paper if necessary)
6.	Do you have any pending fines imposed by the Disciplinary Committee of the Party? If so, please state how much and the nature of proceedings giving rise to the same.
7.	Demonstrate your ability to mount a successful campaign (in not more than 500 words). (Use separate sheet of paper if necessary)
8.	Have you sought Nomination from any other registered Political Parties as at the date of this application?
1.	PART C: LEADERSHIP AND INTEGRITY Are you a State and/or Public Officer? If you have recently resigned from a state or public officer attach appropriate evidence of resignation.
2.	Have you been a Citizen of Kenya for at least ten years immediately preceding the date of this Application?

- 3. Have you at any time within the five years immediately preceding the date of this Application, held office as a member of the Independent Electoral and Boundaries Commission?
- 4. Have you ever been declared bankrupt? If yes, please state nature of proceedings and attach evidence of discharge
- 5. Are you currently or will you be subject to a sentence of imprisonment of at least six months, as at the date of this Application? If yes, have you exhausted all review or appeal mechanisms against the decision? If no, attach evidence of appeal or review
- 6. Have you ever been convicted, in accordance with any law, to have misused or abused a state office or public office or in any way to have contravened Chapter Six of the Constitution? if yes, have you exhausted all review or appeal mechanisms against the decision? If no, attach evidence of appeal or review

PART D: SUPPORTING DOCUMENTS

Please attach the following documents to your application. Because the application form is submitted in triplicate, each application should have the relevant supporting documents attached;

- 1) Copy of your National Identification Card or Passport Certified
- 2) Passport photograph of the Candidate Certified
- 3) Copy of your ODM Life Membership Certificate Certified (as applicable)
- 4) Code of Conduct Form Completed, signed and commissioned
- 5) Printed Proof of Mpesa Payment/Bank Payment Receipt for the application fee
- 6) Summarised Curriculum Vitae 2 page maximum
- 7) Copies of your educational qualifications Certified
- 8) Copies of your Clearance by EACC
- 9) Copies of your Police Clearance Certificate/Certificate of Good Conduct
- 10) Copies of your KRA Tax Compliance Certificate
- 11) Copies of your National Council of Persons with Disability Identification Card (as applicable)

Dated At This	D	ay of	20							
SIGNATURE FULL NAME OF CANDIDATE For Official Use only										
							Received at the NEB Offices by:		. Date	
							Documents Reception Checklist	Present	Absence	Remarks
Copy of your National Identification Card or										
Passport - Certified										
Passport photograph of the Candidate – Certified										
Copy of your ODM Life Membership Certificate -										
Certified (as applicable)										
Code of Conduct Form - Completed, signed and										
commissioned										
Proof of Payment/Payment Receipt for the										
application fee										
Summarised Curriculum Vitae – 2 page maximum										
Copies of your educational qualifications –										
Certified										
Copies of your Clearance by EACC										
Copies of your Police Clearance										
Certificate / Certificate of Good Conduct										
Copies of your KRA Tax Compliance Certificate										
Copies of your National Council of Persons with Disability Identification Card (as applicable)										

Approved By Date