

FORM 6

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

(To Be Completed in Duplicate)

To: Secretary
The National Elections Board
Orange Democratic Movement
P.O BOX 42242 - 00100
NAIROBI

PART A: CANDIDATE'S PARTICULARS

I, do hereby apply to be nominated as the Orange Democratic Movement
..... candidate to contest in the forthcoming General Elections / By-Election in
County/Constituency/ward.

1. Party Membership No
2. National Identity Card / Passport No
3. Physical Address
4. Postal Address.....
5. Telephone
6. Email Address
7. Sub location
8. Ward
9. Constituency
10. County

PART B: PARTICIPATION IN PARTY AFFAIRS AND PROGRAMMES

1. How long have you been a member of the Orange Democratic Movement Party?
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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?

PART D: LEADERSHIP AND INTEGRITY

1. 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 E: SUPPORTING DOCUMENTS

Please attach the following documents to your application;

- 1) Evidence of payment of the application fee applicable to the position sought
- 2) A detailed Curriculum Vitae
- 3) Certified copies of your educational qualifications
- 4) A certified copy of your National Identification Card
- 5) A certified copy of your Orange Democratic Movement Life Membership Certificate (as applicable)
- 6) Duly completed, signed and commissioned Code of Conduct Form;

Dated At This Day of 20.....

.....

SIGNATURE

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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			
EACC Clearance Certificate			
Police Clearance Certificate/Certificate of Good Conduct			
KRA Tax Clearance Certificate			
National Council of Persons with Disability Identification Card (as applicable)			

Approved By Date