

FORM 18A

**THE ORANGE DEMOCRATIC MOVEMENT**  
**APPLICATION FORM FOR NOMINATION AS A PARTY LIST CANDIDATE (NATIONAL ASSEMBLY & SENATE)**

*(To Be Completed in Triplicate)*

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 to the Orange Democratic Movement National Assembly/Senate Party List, (cross out the inapplicable option/s, i.e., '~~National Assembly~~' or '~~Senate~~', and leave the applicable option) to represent women/person with disability/youth/workers, (cross out the inapplicable option/s, i.e., '~~women~~' or '~~person with disability~~' or '~~a youth~~' or '~~workers~~', and leave only the applicable option).

1. Party Membership No .....
2. National Identity Card / Passport No .....
3. Physical Address .....
4. Postal Address.....
5. Mobile No. ....
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?  
\_\_\_\_\_
2. Are you up to date with the payment of your membership subscriptions and other applicable contributions? If Yes, please attach evidence of payments.  
\_\_\_\_\_
3. Provide evidence of your participation in the party affairs. (Use separate sheet of paper if necessary)

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4. Are you a member of any organ of the party? If yes, state the organ.

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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)

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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.

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7. Have you sought Nomination from any other registered Political Parties as at the date of this application?

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8. Are you a person living with disability? If yes attach your certificate of registration with the National Council for Persons with Disabilities (NCPD).

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9. Do you consider yourself marginalized? Is yes, please explain and attach relevant evidence.

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### **PART C: 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.

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2. Have you been a Citizen of Kenya for at least ten years immediately preceding the date of this Application?

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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?

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4. Have you ever been declared bankrupt? If yes, please state nature of proceedings and attach evidence of discharge

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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

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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;**

- 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**

.....  
**FULL NAME OF CANDIDATE**

**For Official Use only**

Received at the NEB Offices by: ..... Date .....

<b>Documents Reception Checklist</b>	<b>Present</b>	<b>Absence</b>	<b>Remarks</b>
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 .....