FORM 2

THE REPRESENTATION OF THE PEOPLE ACT GENERAL ELECTIONS

LIST OF CANDIDATES

GEOGRAPHICAL CONSTITUENCY

FOR REGION NO:

To: The Chief Election Officer

candidates numbered serially and in alphabetical order of their surnames, whose election to the

National Assembly is sought.

The title of our list is:

.....

CANDIDATES

The names listed herein MUST be in ascending, alphabetical order by their respective SURNAME

Ser. No.	Surname, First Name Other Name (s)	Candidate's Address	Occupation	ID Number
1				
2				
3				
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We also nominate Mr(s)	of
to be Representative of the List and Mr(s)	
of	to be

Deputy Representative. We, the persons submitting the list shown on the face of this form are:

SEE ANNEX A ON NEXT PAGE

We the undersigned knowingly and willingly provide our particulars and append our signatures as Nominators for the **Geographic Constituency List of Candidates** for Region No: for the:

[NAME OF PARTY]

Ser.	Name	Identification	Signature of
Ser.	(SURNAME, FIRST NAME OTHER NAME(s))	Number	Nominator
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We the undersigned knowingly and willingly provide our particulars and append our signatures as Nominators for the **Geographic Constituency List of Candidates** for Region No: for the:

[NAME OF PARTY]

Ser.	Name	Identification	Signature of
Ser.	(SURNAME, FIRST NAME OTHER NAME(s))	Number	Nominator
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[NAME OF PARTY]

Ser.	Name	Identification	Signature of
Ser.	(SURNAME, FIRST NAME OTHER NAME(s))	Number	Nominator
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[NAME OF PARTY]

Sor	Name	Identification	Signature of
Ser.	(SURNAME, FIRST NAME OTHER NAME(s))	Number	Nominator
39			
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[NAME OF PARTY]

Ser.	Name	Identification	Signature of
Sel.	(SURNAME, FIRST NAME OTHER NAME(s))	Number	Nominator
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We the undersigned knowingly and willingly provide our particulars and append our signatures as Nominators for the **Geographic Constituency List of Candidates** for Region No: for the:

[NAME OF PARTY]

Ser.	Name	Identification	Signature of Nominator
Ser.	(SURNAME, FIRST NAME OTHER NAME(s))	Number	Nominator
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[NAME OF PARTY]

Sor	Name	Identification	Signature of
Ser.	(SURNAME, FIRST NAME OTHER NAME(s))	Number	Nominator
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[NAME OF PARTY]

Ser.	Name	Identification	Signature of
Ser.	(SURNAME, FIRST NAME OTHER NAME(s))	Number	Nominator
91			
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[NAME OF PARTY]

Ser.	Name	Identification	Signature of
Ser.	(SURNAME, FIRST NAME OTHER NAME(s))	Number	Nominator
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[NAME OF PARTY]

Ser.	Name	Identification	Signature of
Ser.	(SURNAME, FIRST NAME OTHER NAME(s))	Number	Nominator
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[NAME OF PARTY]

Ser.	Name	Identification Signature of	Signature of
	(SURNAME, FIRST NAME OTHER NAME(s))	Number	Nominator
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We the undersigned knowingly and willingly provide our particulars and append our signatures as Nominators for the **Geographic Constituency List of Candidates** for Region No: for the:

[NAME OF PARTY]

Ser.	Name	Identification Signature of Number Nominator	Signature of
	(SURNAME, FIRST NAME OTHER NAME(s))		Nominator
143			
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[NAME OF PARTY]

Ser.	Name	Identification Signature	Signature of
	(SURNAME, FIRST NAME OTHER NAME(s))	Number	Nominator
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[NAME OF PARTY]

Ser.	Name	Identification Number	Signature of
	(SURNAME, FIRST NAME OTHER NAME(s))		Nominator
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170			
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Received by me at, 2025

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Chief Election Officer