

FORM 2

**THE REPRESENTATION OF THE PEOPLE ACT
REGIONAL ELECTIONS**

LIST OF CANDIDATES

FOR REGION NO:

To: The Chief Election Officer

We, whose signatures appear at Annex A, do hereby submit this our list of
(NUMBER IN DIGITS)

candidates numbered serially and in alphabetical order of their surnames, whose election to the
Regional Democratic Council for Region No: 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
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Ser. No.	Surname, First Name Other Name (s)	Candidate's Address	Occupation	ID Number
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Ser. No.	Surname, First Name Other Name (s)	Candidate's Address	Occupation	ID Number
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We also nominate Mr(s) of
.....

to be Representative of the List and Mr (s)
ofto be

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

SEE ANNEX A ON NEXT PAGE

ANNEX A
LIST OF NOMINATORS

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

.....
[NAME OF PARTY]

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

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

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	(SURNAME, FIRST NAME OTHER NAME(s))		
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	(SURNAME, FIRST NAME OTHER NAME(s))		
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	(SURNAME, FIRST NAME OTHER NAME(s))		
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[NAME OF PARTY]

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	(SURNAME, FIRST NAME OTHER NAME(s))		
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[NAME OF PARTY]

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	(SURNAME, FIRST NAME OTHER NAME(s))		
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[NAME OF PARTY]

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[NAME OF PARTY]

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

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Chief Election Officer