



GUYANA ELECTIONS COMMISSION
LOCAL GOVERNMENT ELECTIONS 2018
APPLICATION FORM FOR DOMESTIC OBSERVERS

APPLICATION NO.:	DATE OF RECEIPT:
ORGANISATION NAME: _____ _____ _____	ADDRESS: _____ _____ _____
NAMES OF ORGANISATION LEADERS: 1. _____ 2. _____	LEADERS' E-MAIL ADDRESSES: 1. _____ 2. _____
TYPE OF ORGANISATION: (Please attach registration)	
PREVIOUS ELECTIONS OBSERVER EXPERIENCE (attach evidence): Date/Place: _____ _____ _____ _____	_____ _____ _____ _____
NAMES OF OBSERVERS: _____ _____ _____ _____	IDENTIFICATION NO. _____ _____ _____ _____
PROPOSED LOCAL AUTHORITY AREAS: _____ _____ _____ _____ _____	REGION: _____ _____ _____ _____
SUBMITTED BY: Name: _____ Signature: _____	DATE: _____ _____
APPROVED:	NOT APPROVED: