



**INDEPENDENT NATIONAL ELECTORAL COMMISSION  
CIVIL SOCIETY ORGANIZATION (CSO) APPLICATION FORM FOR ACCREDITATION  
WITH INEC**

**CSO 01 (MARCH 2014)**

<b>Date:</b> /        /		<b>Name of Organization:</b>			
<b>Office Address: (Physical; Not P.O Box)</b>					
<b>E-Mail Address:</b>					
<b>Contact Person (s)/ Official (s) Name:</b>		<b>Designation</b>	<b>Phone Number</b>	<b>Signature</b>	
<b>Account Name:</b>					
<b>Bank Name:</b>					
<b>Bank Address:</b>					
<b>Account No:</b>		<b>Sort Code:</b>			
<b>Area of Operation/ Geographical Area of Activities</b>	<b>Nationwide</b>		<b>Zonal</b>		<b>State</b>
	<b>Local Government</b>		<b>Community</b>		<b>Others</b>
<b>Previous Electoral Experience (Attached) e.g Letter of Engagement by INEC and soft copy of your report.</b>		<b>Date:</b>		<b>Area Coverage(State/LGA/Ward):</b>	

<b>Type of Activity to be covered by Organization (Please Tick) You may tick more than more</b>			
<b>Election Observation</b>	<input type="checkbox"/>	<b>Voter Education</b>	<input type="checkbox"/>
<b>Election Violence</b>	<input type="checkbox"/>	<b>Continuous Voter's Registration</b>	<input type="checkbox"/>
<b>Youth Sensitization</b>	<input type="checkbox"/>	<b>Gender Mainstreaming</b>	<input type="checkbox"/>
<b>PLWD Awareness</b>	<input type="checkbox"/>	<b>Other (Please Specify)</b>	<input type="checkbox"/>
<b>INSPECTING OFFICER (OFFICIAL USE ONLY)</b>			
<b>Remarks</b>			
<b>Recommended</b>	<b>Yes</b>	<b>No</b>	
<b>I certify that all the documents for verification have been checked thoroughly.</b>			
<b>Name:</b>			
<b>Designation:</b>			
<b>Signature:</b>			
<b>Date:</b>			