



GUYANA ELECTIONS COMMISSION
LOCAL GOVERNMENT ELECTIONS 2023
APPLICATION FORM FOR DOMESTIC OBSERVERS

ORGANISATION NAME: _____ _____ _____	ADDRESS: _____ _____ _____
NAMES OF ORGANISATION LEADERS: 1. _____ _____ 2. _____ _____	LEADERS' E-MAIL ADDRESSES & CONTACT #: 1. _____ _____ 2. _____ _____
TYPE OF ORGANISATION: (Please attach registration)	
PREVIOUS ELECTIONS OBSERVER EXPERIENCE (attach evidence): Date/Place: _____ _____ _____ _____	_____ _____ _____ _____
NAMES OF OBSERVERS: _____ _____ _____ _____ <p style="text-align: center;"><i>Additional names can be attached.</i></p>	IDENTIFICATION NO. _____ _____ _____ _____
PROPOSED AREAS: _____ _____ _____ _____ _____	REGION: _____ _____ _____ _____
SUBMITTED BY: Name: _____ Signature: _____	DATE: _____ _____

For Official Use

APPLICATION NO.:	DATE OF RECEIPT:
APPROVED:	NOT APPROVED: