



SAFINA PARTY MEMBERSHIP VERIFICATION FORM

Surname.....Other Names.....

Date of Birth.....Gender.....

ID/PassportElectors Number.....

Safina MembershipCard No. SF.....

Issued Dateat..... (Place)

County.....Constituency.....

Ward.....Polling Station.....

Religion.....Ethnicity.....

Special InterestMember Telephone.....

Are you a PWD.....(If yes, indicate NCPWD No).....

Postal Address.....Code.....Town.....

I the undersigned do hereby affirm/declare/verify that I am not a registered member of any other registered political party in Kenya

Member's Signature.....

Recruited by.....Telephone.....Date.....

Safina Party

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