



KWACOED 07/08 ELECTORAL COMMITTEE

Kw. COED, Ilorin, Kwara State

CANDIDATE DECLARATION FORM

ASSISTANT SECRETARY



PART A

A PERSONAL PARTICULARS

1. Surname (in Block Letters):
2. Other Names (in Block Letters):
3. Former name(s):
4. Date of Birth: Age: Birthplace:
5. Residential Address:
6. Occupation:
7. Telephone No: E-mail:
8. Nationality: Disability:
9. State of Origin: Town:

B SCHOOLS ATTENDED/EDUCATIONAL QUALIFICATIONS WITH DATES

S/N	SCHOOL	QUALIFICATION	YEAR
1	PRIMARY		
2	SECONDARY		
3	TERTIARY		
4	OTHERS		

C WORKING EXPERIENCE WITH DATES

NAME OF EMPLOYER	PERIOD OF WORK	REASONS FOR LEAVING

Have you ever been dismissed from the Public Service of the Federation, State or Local Govt/Area Council? YES NO If Yes, give details

D GENERAL

1. Have you ever been adjudged a lunatic or declared to be of unsound mind?
YES NO If Yes, give details

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2. Are you under a sentence of death, imprisonment or fine, for any offence involving dishonesty or fraud or any offence imposed by a court? YES NO If Yes, give details

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3. Have you ever been involved in any bankruptcy proceedings? YES NO
If Yes, give details

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4. Do you or have you ever belonged to a Secret Society? YES NO
If Yes, give details

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5. Give any information about your person

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E DECLARATION OF OATH

I hereby declare that all the answers, facts and particulars I have given in this Form are true and correct, and I have, to the best of my knowledge, fulfilled all the requirements for qualification for the office I am seeking to be elected.

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Applicant Name & Sign

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Official Name & Sign