



DIRECTORATE OF VOTER EDUCATION, PARTNERSHIPS AND COMMUNICATIONS

DVEPC-001/2025 PHYSICAL ADDRESS /OFFICE AUTHENTICATION FORM FOR VOTER EDUCATION PROVIDERS IN COUNTIES AND CONSTITUENCIES

Name of the Organization	
Reg. Number	
Type of Organization (Faith Based, Civil Society, Community Based Etc)	
Physical Address (Building, Street)	
Postal Address (P.O Box)	
County of Operation	
Contact Person	
Tel. Number	
Signature	Date
.....

Authentication by County Elections Manager.

I confirm that the above-mentioned organization has a physical office/ presence inCountyConstituency.

SignatureDate

Stamp

Note: The applicant should upload a scanned copy of this form in PDF format to the Accreditation Management System together with other required documents.

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