

THIRD SCHEDULE
ELECTORAL ACT, 2022
SECTION A
FORM EC. 1

APPLICATION FOR INCLUSION IN REGISTER OF VOTERS

To the Registration Officer.....
.....Constituency.....20.....
of apply to be included
in the Preliminary List of the Register of Voters for the above constituency
upon the grounds :

- 1. That I am a citizen of Nigeria ;
- 2. That I am 18 years or above 18 years of age ;
- 3. That I am now ordinarily resident at
.....
(here state town or village and if possible the street number if known)

4. And I declare that the above particulars are true to the best of my belief and —

* (a) that I am not already registered in this or any other Preliminary List or Register of Voters under the above Act (or I request that my name be entered in the appropriate list) ; or

*(b) that I have already registered, but wish my name transferred to the area of my new abode. Particular of my former place of residence are given below—

CODE

STATE
LOCAL GOVERNMENT AREA
REGISTRATION AREA
REGISTRATION UNIT.....
VOTER'S NUMBER.....
VOTER'S NAME

SECTION B

APPLICANT'S OTHER PARTICULARS (IN CAPITALS)

- 5. NAME IN FULL
(Family Name First)
- 6. OCCUPATION.....
- 7. AGE.....
- 8. SEX MALE (M) FEMALE (F)
- 9. ADDRESS (*i.e.* House Number, Street Name or Name of Village or Hamlet)
- * Signed
- * Right thumb print impressed in the presence of witness to thumb print.
.....
.....

* Cross out whichever is inapplicable.

ELECTORAL ACT, 2022

FORM EC.2

CLAIM FOR CORRECTION OF OUR INSERTION OF NAME IN
PRELIMINARY LIST

To the Supervisory Assistant Registration Officer WARD
I,
of.....hereby declare.

1. That I applied for inclusion in the Supplementary List for the Updating
Register of Voters for the above Ward on the
20..... and that my particulars have been omitted/inaccurately stated.

2. I am a citizen of Nigeria.

3. I am 18 years of age or over.

4. I am ordinary resident at the above address

or.....

5. I hereby apply for the Supplementary List to be completed/corrected
accordingly.

6. I declare that the above particulars are true to the best of my belief
and that I am not already registered in this or any Supplementary List or
Register of Voters

.....
Date

.....
Signature or Thumb Print

FORM EC.3

OBJECTION TO NAME IN SUPPLEMENTARY LIST

To the Supervisory/Assistant Registration/Officer.....
 Constituency.....20.....of.....
 AddressWhose
 name appears in the Supplementary List for the above Ward hereby give
 notice: That I object to the inclusion in such list of the name of
whose address is given as
 on the following
 grounds

(Here insert the Grounds)

I wish to produce the following witnesses.....

.....

Signed.....Registered Voter

Dated this day of, 20.....

FORM EC 3

NOTIFICATION OF DEATH OF A PERSON NAMED
IN THE REGISTER OF VOTERS

To the Registration Officer,.....Constituency..... 20.....

I,.....of

.....hereby give notice that

.....the

Register of Voters Registration Centre as

..... is dead.

I wish to produce the following evidence witness.....

.....

.....

Signed