



**Form 1: VOTER REGISTRATION APPLICATION**

TO: The Sub-Divisional Officer/District Head

Administrative Unit: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Sex : \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Place of Residence: \_\_\_\_\_

Occupation : \_\_\_\_\_

Address: P.O. Box: \_\_\_\_\_

Quarter: \_\_\_\_\_

Street: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name \_\_\_\_\_

NIC N° of Voter : \_\_\_\_\_ Date of Issue \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**Documents attached** (tick as appropriate):

- Copy of NIC
- Copy of Birth Certificate
- Age Declaration
- Identity Declaration
- Certificate of Residence

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**Commission's Observations**

- Application examined on \_\_\_\_\_
  - Commission's decision: favourable  unfavourable
  - If unfavourable, reasons \_\_\_\_\_
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## Form2: TRANSFER REGISTRATION APPLICATION FORM

TO: The Sub-Divisional Officer/District Head

Administrative Unit: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Sex : \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Place of Residence: \_\_\_\_\_

Occupation of voter : \_\_\_\_\_

Transfer receipt : \_\_\_\_\_

Former Place of Residence/Registration \_\_\_\_\_

Proposed place of registration : \_\_\_\_\_

Address: P.O. Box: \_\_\_\_\_

Quarter: \_\_\_\_\_

Street: \_\_\_\_\_

Tel N° : \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name \_\_\_\_\_

NIC N° of Voter : \_\_\_\_\_ Date of Issue : \_\_\_\_\_

Previous voter card N° : \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**Documents attached** (tick as appropriate):

- Copy of NIC
- Copy of Birth Certificate
- Age Declaration
- Identity Declaration
- Certificate of Residence
- Previous Voter's Card

**Commission's Observations**

- Application examined on \_\_\_\_\_
- Commission's decision: favourable  unfavourable
- If unfavourable, reasons \_\_\_\_\_



**Form3: VOTER REGISTRATION APPLICATION RECEIPT**

Administrative Unit: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Occupation : \_\_\_\_\_

Address: \_\_\_\_\_

Previous voter card : \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

Place of Receipt: \_\_\_\_\_

Name and title of Receiving Officer: \_\_\_\_\_

Serial Number in Register of applications: \_\_\_\_\_

**SIGNATURE OF OFFICER:**



**REPUBLIQUE DU CAMEROUN**  
*Paix - Travail - Patrie*

**REPUBLIC OF CAMEROON**  
*Peace - Work - Fatherland*

**Form4: CERTIFICATE OF RESIDENCE**

(For Voter Registration only)

I, the undersigned, Village / Quarter Head of the \_\_\_\_\_  
\_\_\_\_\_

In the Sub-Division / District \_\_\_\_\_

**HEREBY CERTIFY THAT :**

Mr/s \_\_\_\_\_

Holder of National Identity Card No.: \_\_\_\_\_

Father's name : \_\_\_\_\_

Mother's name : \_\_\_\_\_

Has been resident in my village / quarter since: \_\_\_\_\_

At the following address: \_\_\_\_\_

**DATE OF APPLICATION :** \_\_\_\_\_

**NAME** \_\_\_\_\_

Signature \_\_\_\_\_

Date : \_\_\_\_\_

**Witness** (In case of dependents or long-staying guests).

Name \_\_\_\_\_

**IDENTITY CARD NO.**

**SIGNATURE:**



**REPUBLIQUE DU CAMEROUN**  
*Paix - Travail - Patrie*

**REPUBLIC OF CAMEROON**  
*Peace - Work - Fatherland*

**Form5: APPLICATION FOR DELETION FROM VOTER REGISTER**

Administrative Unit: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Place of Residence/ Address: \_\_\_\_\_

Tel N° : \_\_\_\_\_

Polling Station at last election: \_\_\_\_\_

Reasons for applying for removal: Departure from area; Voter deceased, Voter disqualified  
because of: \_\_\_\_\_

Name to be removed (if different from applicant): \_\_\_\_\_

\_\_\_\_\_

Date of Application: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

**Documents attached:**

Copy of Voter's Card.



### **Form6: DECLARATION OF IDENTITY**

(For Voter Registration Purposes only)

Administrative Unit \_\_\_\_\_

We, the undersigned, declare on our honour that we know the person whose names are given below and whose identity we established as follows:

Names in full: \_\_\_\_\_

Date (year) of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Place of residence: \_\_\_\_\_

How related to us: \_\_\_\_\_

1<sup>st</sup> Declarant: \_\_\_\_\_

Adress : \_\_\_\_\_

Occupation : \_\_\_\_\_

Place and date of birth : \_\_\_\_\_

2<sup>nd</sup> Declarant: \_\_\_\_\_

Adress : \_\_\_\_\_

Occupation : \_\_\_\_\_

Place and date of birth : \_\_\_\_\_

**DONE IN:** \_\_\_\_\_ **ON** \_\_\_\_\_

1<sup>st</sup> Declarant: Name \_\_\_\_\_ 2<sup>nd</sup> Declarant: Name: \_\_\_\_\_

Identity Card No. \_\_\_\_\_ Identity Card No. \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

*N.B: The six voter registration recommended forms above designed by NEO in order to facilitate registration were amended and adopted by participants, with the amendments in red.*