



Network of Bhutanese for Electoral Democracy in Bhutan (Network)

REGISTRATION FORM

Please write in BLOCK LETTERS.

1. PERSONAL DETAILS

Name:

Sex:

CID No.

Designation:

Agency:

2. CONTACT ADDRESS

E-mail:

Phone: Fax No:

Mobile:

Website:

Postal Address:

.....

.....



Network of Bhutanese for Electoral Democracy in Bhutan (Network)

REGISTRATION FORM

3. MEMBERSHIP OF PARTIES, BOARD, COMMITTEES, ASSOCIATION ETC (if applicable)

Name of Organisation:.....

Position:

From (d/m/y): To (d/m/y):

I hereby submit the aforementioned authentic information for registration as member of the Network of Bhutanese for Electoral Democracy in Bhutan (*Network*), Election Commission of Bhutan (ECB)

Signature of applicant

Date:

*** THANK YOU ***