



Office of the Electoral Commissioner PNGEC
SHORT-TERM OBSERVER REGISTRATION FORM
PARLIAMENTARY ELECTION IN PAPUA NEW GUINEA 2017

Please complete this Form using **BLOCK LETTERS** and e-mail by **31 May 2017** along with digital picture to elections.pg@undp.org cc: Ray Kennedy j.ray.kennedy@gmail.com or deliver to the PNGEC in Port Moresby

Personal Details

SURNAME: MR/MS _____ FIRST NAME: _____

PASSPORT NUMBER: _____ VALID UNTIL: _____ ISSUED BY: _____

CITIZENSHIP: _____ DATE OF BIRTH: _____
(DAY) (MONTH) (YEAR)

ADDRESS: _____

TELEPHONE: _____ CELL: _____ EMAIL: _____

OCCUPATION: _____ ORGANIZATION: _____

CONTACT PERSON: _____ TELEPHONE NO: _____

Emergency Information

CONTACT PERSON IN CASE OF EMERGENCY: _____

RELATIONSHIP: _____ TELEPHONE NO: _____ BLOOD TYPE: _____

INSURANCE COMPANY: _____ TELEPHONE NO: _____

Professional Experience

ELECTION OBSERVATION EXPERIENCE (COUNTRY, MISSION, FUNCTION AND YEAR):

OTHER RELEVANT ELECTION EXPERIENCE: _____

