



EC 9E

INDEPENDENT NATIONAL ELECTORAL COMMISSION

Plot 436 Zambezi Crescent, Maitama District, Abuja

SUBMISSION OF NAMES OF CANDIDATES BY POLITICAL PARTY

20..... STATE HOUSE OF ASSEMBLY ELECTION

_____ STATE

POLITICAL PARTY _____

| S/N | CONSTITUENCY | NAME OF CANDIDATE | AGE | SEX | PWD | ADDRESS | EDUCATIONAL QUALIFICATION(S) | REMARKS |
|-----|--------------|-------------------|-----|-----|-----|---------|------------------------------|---------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |

SIGNED: _____

National Chairman

SIGNED: _____

National Secretary

* Please attach sworn affidavit (**EC 9**) of each candidate.

* Political parties shall mandatorily sponsor candidates who satisfy the statutory age qualification required for respective elective office(s).