**REPUBLIC OF RWANDA**

**NATIONAL ELECTORAL COMMISSION**

N°….../ELEC.OBS./2018

**SEPTEMBER 2018 LEGISLATIVE ELECTIONS**

#### IDENTIFICATION FORM TO BE FILLED BY ELECTION OBSERVERS

Surname :……………………………………………………………………….………

First name  : …………………………………………………………………….………

ID n° : ……………………………….…issued at …………………..…………

Voter card n° :……………………..……………( for registered Rwandans)

Passport n°: ……………………. issued at.…………….……………………...…….

Visa n° :……………issued at.…………........…(for International observers)

Nationality  : …………………………………………………………………………….

Sex  : …………………………………………………………………………….

Expected arrival date (for International observers) : …………………..………..

Expected departure date (for International observers): ………………….……….

District (s) to be covered: ………………………….…(indicate names of Districts)

Organization/Institution: ………………………………………………….……….

### Names and signature Prof. KALISA MBANDA

***Of Election Observer*** ***Chairman, National Electoral Commission***