REPUBLIC OF KENYA

Passport size photo

Telegraphic Address
Physical Address
Tel: 0716 311 702
0716 311 703

Clerk's Chambers
County Assembly of Laikipia
Assembly Building

Email: assembly@laikipiacounty.go.ke

P. O. Box 487 – 10400, Nanyuki

COUNTY ASSEMBLY OF LAIKIPIA

NOMINATION PAPER FOR SPEAKER OF THE COUNTY ASSEMBLY

I …….. do hereby apply for nomination as a candidate for election as Speaker of the County Assembly of Laikipia to be held on the……..…….day of…….....2022.

Particulars of the Candidate

Name in Full	
Occupation	
National Identity card or Passport No.	
Sex	
Date of Birth	
Religion	
Voters card number	
Physical address	
Postal address	
Telephone contacts	
Email address	

And I, the aforesaid .....do hereby consent to my nomination as a candidate for election as Speaker of the County Assembly of Laikipia and hereby certify that I am in all respects qualified for nomination as such candidate.

Signature of Candidate..... Dated .....

SUPPORTERS OF COUNTY SPEAKER CANDIDATE

We, the undersigned, being Members of the County Assembly as indicated against our respective names, do hereby support the nomination of.....as a candidate for election as the Speaker of the County Assembly of Laikipia.

Particulars of the Proposer

Name in Full	
Ward/Representation	
National Identity card or Passport No.	
Sex	
Date of Birth	
Physical address	
Postal address	
Telephone contacts	
Email address	

DECLARATION

I ..... do hereby declare that the candidate is qualified to be elected as a Member of County Assembly under Article 193 of the Constitution and is willing and able to serve as Speaker of the County Assembly.

Signature of Proposer..... Date.....

Particulars of the Seconder

Name in Full	
Occupation	
Ward/Representation	
National Identity card or Passport No.	
Sex	
Date of Birth	
Physical address	
Postal address	
Telephone contacts	
Email address	

DECLARATION

I ..... do hereby declare that the candidate is qualified to be elected as a Member of County Assembly under Article 193 of the Constitution and is willing and abe to serve as Speaker of the County Assembly.

Signature of Seconder..... Date.....

CERTIFICATE OF THE CLERK OF THE COUNTY ASSEMBLY

I certify that this nomination paper was delivered to me at my office by……..

At…….a.m/p.m. on the ……..day of ……2022

Signature of the Clerk……

Clerk of the County Assembly