



Republika e Kosovës
Republika Kosova - Republic of Kosovo
Komisioni Qendror i Zgjedhjeve
Centralna Izborna Komisija
Central Election Commission



ACCREDITED OBSERVERS FORM

A. ORGANIZATION DATA

1. Name of Organization
2. Acronym of the organization
3. Entity Code
4. Municipality
5. Address _____

B. AUTHORIZED REPRESENTATIVE DATA

6. First Name
7. Last Name
8. Address
9. Municipality
10. Phone Number E-mail: _____

I confirm that authorized representative mentioned above is authorized to sign in the name of the organization and its chairperson for all issues related to observation of election process

11. Authorized signature _____ 12. Date _____

13. Organization/individual applies for accreditation of: Election Process

14. Copy of the Organization Registration Document attached to this Application Form Yes No

Declaration of authorized representative

I declare that I am the authorized representative for the organization that is presented for accreditation in order to get accredited as an observer for Elections I also declare that I and the organization which I represent

1. We will not provide to our knowledge an observer accreditation badge to a candidate for electoral post in Kosovo, police, military of intelligence unit member of Kosovo or any other state.

2. Will not provide observer accreditation badges to any observer if he/she does not first sign the Declaration of observation of elections of Regulation No. 07/2013, as annex 3. My organization will keep the copies of all signed declaration forms of election observers.

3. Will act in accordance with legislation in force.

With my signature, I also, confirm that all data presented in this form are accurate.

First Name and Last Name of Authorized Representative _____

Signature of Authorized Representative _____ Date _____