



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



FORM OF ACCREDITATION OF THE OBSERVER ORGANIZATION

A. INFORMATION OF THE ORGANIZATION

1. Name of the organization
2. Acronym of the organization
3. Municipality
4. Address _____

B. INFORMATION OF THE AUTHORIZED REPRESENTATIVE OF THE ORGANIZATION

5. Name
6. Surname
7. Address
8. Municipality
9. Telephone number
10. E-mail _____

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

11. Authorized signatory _____ 12. Date _____

13. Organization applied for observation of: Election Process

14. Copy of the registration document of the organization is submitted along with this form Yes No

Statement of the authorized signatory

I declare that I am authorized signatory for the organization that is presented for accreditation as an Election observer.

1. We will not, to our best knowledge provide an accreditation badge to a candidate for an elected post in Kosovo, police officer, military or intelligence unit in Kosovo or any other country..
2. Accredited organization is responsible and must ensure that the observers are fully informed about their rights and obligations as well about the election process. The accredited organization is responsible for the behavior of individual observers.
3. Organization must act in accordance with Election Regulation no. 08/2024 Election Observers and the legislation in force.

With my signature, I also confirm that the information presented in this form are full and accurate.

Name and surname of authorized representative _____

Signature of the authorized representative _____ Date _____