



One People, One Nation

WIPER HOUSE
Kufuga Road - Off Langata Road
Karen, Nairobi -Kenya
P. O BOX 403 - 00100 Nairobi
0720 513 513
info@wiper.co.ke
www.wiper.co.ke

PARTY LIST APPLICATION FORM

This form should be completed in TRIPLICATE by the candidate.

| | | |
|----------------------------|---------|---|
| TITLE MR/MRS/MS/DR/PROF | SURNAME | OTHER NAMES (As written in your ID/Passport. Don't use nicknames) |
|----------------------------|---------|---|

Position you are applying for (Tick only one category)

| | | | | |
|-----------------------------|---------------|-------|-----|-----------------|
| Senator | Women | Youth | PWD | |
| Member of National Assembly | | | | |
| Member of County Assembly | Gender Top Up | Youth | PWD | Ethnic Minority |

| | | |
|---|--------------|------|
| Specify your County, Constituency and Ward | | |
| County | Constituency | Ward |
| | | |

IMPORTANT

1. Accompany this application form with the following documents:
 - i. Duly Filled Self Declaration Form
 - ii. Duly signed Certificate of Pledge
 - iii. Curriculum Vitae
 - iv. An application letter outlining your social economic contribution to the community and your vision if nominated (this should not exceed 500 words)
 - v. A copy of National Identity card
 - vi. A copy of Life Party Membership Certificate
 - vii. Academic testimonials.
2. Completed application forms should be submitted in triplicate to WDM Headquarters, Wiper House, Kufuga Road – Off Langata Road or send to wiperneb2022@gmail.com on or before **6th June, 2022** by **12.00pm** for vetting.

| 1. GENERAL INFORMATION | | | | |
|--|------------------------------------|---|---|-----------------------------------|
| NATIONAL IDENTITY CARD NO | | PASSPORT NO | EXPIRY DATE OF PASSPORT | PIN NO |
| GENDER | | OCCUPATION | EMAIL ADDRESS | |
| FEMALE | MALE | | | |
| MOBILE NO 1 | MOBILE NO 2 | ETHNICITY | TYPE OF DISABILITY IF ANY <input type="checkbox"/> Specify _____ | |
| PLACE OF RESIDENCE | ESTATE/TOWN/LOCATION | P.O BOX | CODE | TOWN/CITY |
| | COUNTY | | | |
| 2. BIRTH INFORMATION | | | | |
| DATE OF BIRTH | | BIRTH CERTIFICATE NO | PLACE OF BIRTH | |
| COUNTY OF BIRTH | | DIVISION OF BIRTH | LOCATION OF BIRTH | |
| 3. NATIONALITY | | | | |
| KENYAN <input type="checkbox"/> | | DUAL <input type="checkbox"/> Provide Details _____ | | |
| 4. MARITAL STATUS | | | | |
| SINGLE <input type="checkbox"/> | | MARRIED <input type="checkbox"/> | SEPARATED <input type="checkbox"/> | DIVORCED <input type="checkbox"/> |
| WIDOWED <input type="checkbox"/> | | | | |
| IF MARRIED, GIVE NAMES OF THE SPOUSE/S AND NATIONALITY | | | | |
| | | | | |
| 5. EDUCATIONAL BACKGROUND | | | | |
| PRIMARY <input type="checkbox"/> | SECONDARY <input type="checkbox"/> | A'LEVEL <input type="checkbox"/> | CERTIFICATE <input type="checkbox"/> | DIPLOMA <input type="checkbox"/> |
| UNDERGRADUATE <input type="checkbox"/> | MASTERS <input type="checkbox"/> | PHD <input type="checkbox"/> | | |

6. HIGHEST ACADEMIC QUALIFICATION OBTAINED

| Qualification | Institution | Year |
|---------------|-------------|------|
| | | |
| | | |
| | | |

7. LANGUAGE SPOKEN

| First Language | Second Language | Other |
|----------------|-----------------|-------|
| | | |

8. MEMBERSHIP OF PROFESSIONAL ORGANIZATION/S (IF ANY)

| NAME OF ORGANIZATION | DATE OF ADMISSION | MEMBERSHIP NO. |
|----------------------|-------------------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

9. EMPLOYMENT INFORMATION

| NAME OF EMPLOYER | POSITION/RANK | DATE OF FIRST APPOINTMENT | DATE OF PRESENT APPOINTMENT |
|------------------|---|---------------------------|-----------------------------|
| | | | |
| WORK STATION | NATURE OF EMPLOYMENT(CONSTITUTIONAL/ELECTIVE/PERMANENT/CONTRACTUAL/OTHER) | | |

10. MORAL AND ETHICAL QUESTIONS

Answers to the following questions are mandatory. If **YES** to any question you must provide additional information on a supplementary sheet.

| | YES | NO |
|---|-----|----|
| a) Have you ever engaged in any form of dishonesty in the conduct of public affairs? | | |
| b) Have you ever abused a public office? | | |
| c) Have you ever misrepresented information to the public? | | |
| d) Have you ever engaged in wrongful conduct whilst in the furtherance of personal benefit? | | |
| e) Have you ever misused public resources? | | |
| f) Have you ever discriminated against anyone on any grounds other than as provided for under the Constitution or any other law? | | |
| g) Have you ever falsified official or personal records? | | |
| h) Have you ever been debarred or removed from the Register of Members of your Professional organization? | | |
| i) Have you ever had any occupational or vocational license revoked and/or otherwise subjected to any other disciplinary action for cause in Kenya or any other country? | | |
| j) Have you ever been dismissed from employment on account of lack of Integrity? | | |
| k) If you have been a public officer, have you ever failed to declare your Income, Assets and Liabilities as required under the Public Officer Ethics Act.? | | |
| l) Have you ever been the subject of disciplinary or criminal proceedings for Breach of the Public Officer Ethics Act. or a Code prescribed there under? | | |
| m) Have you ever been convicted or any offence and sentenced to serve Imprisonment for a period of at least six months? | | |
| n) Have you ever had an application for a Certificate of Clearance or a Certificate of Good conduct or for a visa or other document authorizing work in a public office denied and/or rejected for cause in Kenya or any other country? | | |

Application fee non-refundable

1. Senate and Member of National Assembly (Men) – **Ksh 200,000**
2. Women, PWD, Youth – **Ksh 100,000**
3. MCAs – **Ksh 50,000**

Payment Details

Account Name: Wiper Democratic Movement
Account No: 01120199325701
Bank Name: Co-operative Bank of Kenya
Branch Name: Parliament

Safaricom Paybill no: 909122
Account number: Your Phone number

NB: Please submit a duly filled application form with proof of payment

OATH AND AFFIRMATION

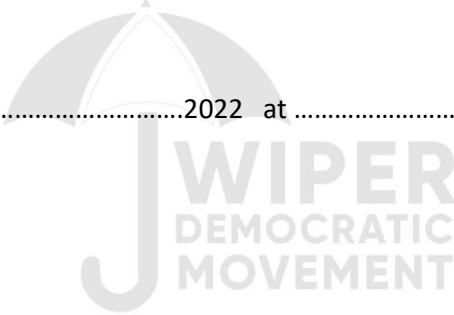
I solemnly swear (or affirm) and certify, under penalty of false declaration under the Oaths and Statutory Declarations Act (Cap. 15 of the Laws of Kenya), that all the foregoing statements in this declaration are true and correct to the best of my knowledge.

Dated at, this day of 2022

Name of applicant:

SWORN/DECLARED BEFORE ME

This day of 2022 at



.....

Commissioner for Oaths/Magistrate



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CERTIFICATE OF PLEDGE

I, _____ of ID No _____ being desirous to be nominated after the forthcoming General Election as _____ in _____ County on a WIPER DEMOCRATIC MOVEMENT ticket for which I have applied, do hereby pledge my total loyalty and commitment to my country Kenya, my Political party THE WIPER DEMOCRATIC MOVEMENT and its leadership and pledge my moral, material and other support to ensure the success of its plans and programmes. I affirm my total commitment and loyalty to the constitution and uphold the constitution and the laws of the land.

I further commit myself at all times to the authority of the Party by obeying, complying and supporting fully its constitution, regulations, policies, ideals as they may be laid down by its rightful leadership from time to time. I shall take all reasonable steps to protect members of the National Elections Board and other election officers in their course of duty. I shall also take necessary and reasonable steps to instil discipline of my agents and supporters.

I further swear and affirm that once I am nominated as a WIPER DEMOCRATIC MOVEMENT candidate, I will not seek any other party's nomination. In the event that my application is unsuccessful, I affirm that I shall support the Party's nominated candidate fully. In addition, in the event that my application and nomination are successful, I hereby undertake to contribute to the Party's funds such monthly contributions as may be set upon after my nomination as _____

This declaration is made voluntarily and with no coercion from WIPER DEMOCRATIC MOVEMENT, its agents and or authorized representatives, or any third party. It supersedes any previous pledges and/or agreements made either verbally, or in writing, by myself prior to signing of this document. I further affirm that I have made this declaration being of reasonable and sound mind and capability and being in full control of my mental faculties.

DATED THIS _____ DAY OF _____ 2022

Signed by:

Name of applicant _____

Signature _____

In the presence of

COMMISSIONER FOR OATHS/MAGISTRATE

Wiper Democratic Movement Certificate of Pledge