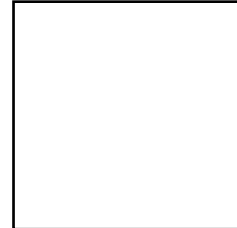




THE UNITED REPUBLIC OF TANZANIA
OFFICE OF THE REGISTRAR OF POLITICAL PARTIES
A SPECIAL FORM FOR NATIONAL LEADERS
(Made under regulation 15(2A))

Name of Political Party



Recent Passport size photograph

Full name of the national leader.....
Date of Birth
Sex
Person with Disability/Not.....
Occupation
Profession.....
Telephone number.....
Email
Physical Residence (District, town, village/street)
Postal Address.....
Party Membership Card No..... date and place of issue

VERIFICATION

What is stated above is true to the best of our knowledge.

Dated this, Day of20.....

Name	Designation	Signature
(1).....
(2).....

Official stamp of the party

NOTE:* This form shall be verified by any two of the following national leaders: National Chairperson, Vice-Chairperson, Secretary General or Deputy Secretary General.