



CONSEJO NACIONAL ELECTORAL

INDEPENDENT ELECTORAL OBSERVER APPLICATION

INTERNATIONAL JURIDICAL PERSONS

Mr. Ms.
CHAIRPERSON
NATIONAL ELECTORAL COUNCIL
Quito.-

In accordance with the Electoral Observation Regulation that rules upon the registration of electoral observers, and pursuant to the invitation made to this end by the National Electoral Council, I hereby request that

_____ (name of organization)

be accredited as International Independent Electoral Observer for the electoral process _____ as my principal is interested in knowing the electoral process development. In my capacity of legal representative, I am attaching a color copy of my passport and of the delegates, with an apostilled copy translated into Spanish, the legal instruments of my organization's incorporation or legal capacity, and a list of the members of the observation mission. Please find below the organization's data:

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|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--|----------------------------------|--|--|--|--|--|--|--|
| NAME | | | | | | | | | | SURNAME | | | | | | | | | |
| PASSPORT N° | | | | | | | | | | TYPE OF PASSPORT (Marque con una X) | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diplomatic <input type="checkbox"/> | Official or Service <input type="checkbox"/> | Regular <input type="checkbox"/> | | | | | | | |
| NAME OF ORGANIZATION | | | | | | | | | | | | | | | | | | | |
| ORGANIZATION'S WEBPAGE | | | | | | | | | | | | | | | | | | | |
| ORGANIZATION'S PHONE N°: | | | | | | | | | | MOBILE PHONE N° | | | | | | | | | |
| EMAIL PERSONAL | | | | | | | | | | EMAIL INSTITUTIONAL | | | | | | | | | |
| COUNTRY AND CITY OF RESIDENCE | | | | | | | | | | | | | | | | | | | |
| HOME ADDRESS | | | | | | | | | | | | | | | | | | | |

I hereby expressly declare under oath of truth that if the activities I am requesting to be credited for are authorized I shall act in accordance with the principles of impartiality, objectivity, independence, legality, non-interference, transparency, and with no relation any political party or organization whatsoever.

I also declare that I am fully aware of the powers, rights, obligations, and prohibitions related to the capacity of International Independent Electoral Observer and that I will fully abide by the Constitution of the Republic of Ecuador and the laws related thereto with no reserve whatsoever, as well as by the mandates issued by the competent Ecuadorian authorities.

_____ Date

_____ Applicant's signature (Legal Representative)

Note: All fields are mandatory.