

I,do here	by swear to this affidavit for the purpose of my app	Full names)
1.	My national registration number is	
2.	I have been informed and I realise that in terms of Commissioners of Oaths Act [Chapter 7:09], it is document and that if I give false information I will offence of perjury.	f section 10 of the Justices and Peace and san offence to declare false information in this ll be liable for prosecution and imprisonment for the
3.	I reside at: (Select and complete only one of the fo	our subparagraphs 3(a), (b), (c) or (d)
(a)	Village name/Resettlement area:	nasified; reg
	Name of village head:	Headman:
	Chief:	District:
(b)	House No./Stand No.:	Street:
	Suburb:	Town:
(c)	Name of school/ hospital/mine or other institution	:
Chille	Name of head or manager of the school/hospital/r	nine or other institution:
(d)	Other: (Deponent to give full details):	
I l 4	EP4	* Apparate
	he above statement sincerely and knowing the sam  DEPONENT	Thumbprint
Sworn b	TEASURE ELECT efore me at	CRAL COMMISSION  day of20
		(full names)
		COMMISSIONER OF OATHS



## ZIMBABWE ELECTORAL COMMISSION

Section 24(1) of ELECTORAL ACT [CHAPTER 2:13]

## INITIAL VOTER REGISTRATION (Form VR. 1)

## PART A (TO BE COMPLETED IN BLOCK LETTERS)

It is an offence to procure a false registration or to furnish false information to ZEC

Property and the fact that his haise information to ZEC.			
I am a Zimbabwean citizen aged over 18 years and hereby apply to be registered as a voter.			
I.D. NUMBER			
SURNAME (As per I.D.)			
FORENAME(S) (As per I.D.)			
DATE OF BIRTH Day Month Year			
SEX M Tick Applicable)			
RESIDENTIAL ADDRESS (Circle the Appropriate and A	ttach proof of residence)		
HOUSE NUMBER/STAND NUMBER/PLOT NUMBER/VILLAGE NAME			
STREET NAME/FARM NAME/HEADMAN			
SUBURB/FARMING AREA/MINE NAME/CHIEF			
TOWN/DISTRICT			
PHONE/CELL NUMBER email address (if any):			
TICK THE APPROPRIATE BOX BELOW IF YOU HAVE ANY SPECIAL NEEDS			
HEARING VISUAL AMPUTEE	OTHER (Please specify)		
I declare that the above information is true to the best of my knowledge.			
SIGNATURE	DATE		
PART B (FOR OFFICE USE ONLY)			
ATTACH CERTIFICATE OF VOT	TER REGISTRATION OFFICER'S DETAILS IN BLOCK LETTERS		
REGISTRATION AS A VOTER HERE FUL	L NAME		
I.D.	.NUMBER:		
SIG	NATURE:		