**STATEMENT**

**OF A VOTER PROVIDING SUPPORT TO A CANDIDATE FOR THE PRESIDENT OF THE REPUBLIC**

I HEREBY SUPPORT THE NOMINATION

*(name of the candidate’s nominator - name of the political party/coalition of political parties/group of citizens)*

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| submitted to the Republic Electoral Commission, for the election called for 2 April 2017, by |

OF THE FOLLOWING CANDIDATE FOR THE PRESIDENT OF THE REPUBLIC

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|  |

*(the candidate’s name and surname)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **VOTER**  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  *(signature)*  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  *(name and surname)*   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |   *(unique master citizen number)*  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *(place of residence and address)* |

**This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

*(name and surname) (date of birth)*

**from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

*(place of residence and address)*

**in the presence of an authorised certifier, has signed this document by his/her own had.----------------**

**Identity of the submitter of this document has been established through the inspection of**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(name of the official document, number, date of issue and the issuer)*

**The certification fee for has been paid in the amount of 50.00 (fifty) dinars.-----------------------------------------------------------------------------------------------------------------------------------------**

**CERTIFIER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(name and surname)*

**Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(place and address)*

*(signature) (seal)*

**In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_ 2017. at \_\_\_\_\_\_\_\_\_\_\_ (hour).**

*(place) (date) (time)*