

# KABANYOLO NOMINATION FORM

Name: .....

College: .....

School: .....

Course: .....

Year of Study: .....

Registration Number: .....

Student's Number: .....

Constituency: .....

Hall: ..... Resident  Attached  (Tick where appropriate)

Telephone: .....

Email Address: .....

Contact person: .....

Contact person's Telephone Number: .....

By filling this form, you fully consent to be bound by the Rules and Regulations governing electoral processes at Makerere University.

Signature: .....

Date: .....

## FOR OFFICIAL USE ONLY

Name: ..... Signature: .....

Name: ..... Signature: .....

**PLEASE ATTACH HERE A HIGH RESOLUTION COLOURED SOFT COPY OF  
YOUR PHOTO.**

