

APPLICATION FORM for international observer

Send this form to: Državna volilna komisija
(State Election Commission)
Slovenska cesta 54
SI-1000 Ljubljana
Slovenia

Observer's sponsoring authority

Name:

Address:

Phone:

Fax:

Email:

International Organization

Government

Non-Governmental Organization

Regional Organization

International Organization

Other (please specify): _____

Observer's information

First name:

Middle name:

Last name:

Phone:

Fax:

Email:

Passport information

Citizenship:

Passport number:

Place of issue:

Date of issue:

Expiry date:

Observer's information

First name:
[input field]

Middle name:
[input field]

Last name:
[input field]

Phone:
[input field]

Fax:
[input field]

Email:
[input field]

Passport information

Citizenship:
[input field]

Passport number:
[input field]

Place of issue:
[input field]

Date of issue:
[input field]

Expiry date:
[input field]

Observer's information

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[input field]

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[input field]

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Date of issue:
[input field]

Expiry date:
[input field]

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Email:

Passport information

Citizenship:

Passport number:

Place of issue:

Date of issue:

Expiry date:

Date:

Signature:

Accreditations can be picked up at State Election Commission of the Republic of Slovenia,
Slovenska cesta 54, Ljubljana, phone: +38614322002