



**KENYA AFRICAN NATIONAL UNION**  
**PARTY MEMBERSHIP VERIFICATION FORM**

*Please complete this Form in BLOCK CAPITALS. All parts must be completed .*

**Member's Personal Details**

- Surname: ..... Other Names: .....
  - Voters Number: .....
  - ID NO: ..... Passport No: .....
  - Date of Birth: .....
  - Gender: .....
  - Ethnic Community: .....
  - Religion: .....
  - Disability: .....
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**Member's Residence(County,Constituency,Ward)**

- Name of County: ..... Constituency: ..... Ward: .....
  - Postal Address: .....
  - Tel No: .....
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**Party Details**

- Party Membership Card No: .....
  - Issued on(Date): ..... at(Place): .....
  - Member's Signature ..... Date: .....
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**Party Official(Recruiting)**

- Name ..... Signature .....
- Date ..... Tel No .....