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Prescribed form to be completed by potential candidates for Regional or Local Authority elections to be held in November 2020.

Region: _____

Regional Councillor		Local Authority Councillor	
Constituency :		Town:	

Complete the appropriate box

Please provide appropriate answer!

1. First name and Surname.....
2. Date of birth
3. ID No.
4. Physical address (i.e. town, street name and number, Region)
.....
.....
5. Constituency:
6. Contact telephone number:
7. E-mail Address.
8. Do you understand how your region/local authority is run? Yes/No
9. Have you attended any meetings of your regional council/ local authority council? Yes/ No
10. Have you read the Act that governs Regional Councils / Local Authorities? Yes/No
11. Do you believe that serving as Regional / Local Councillor makes you the servant of all people in your region/ local authority area? Yes/ No
12. Do you understand and subscribe to the PDM's vision and Missions as set out in the Movement's Constitution. Yes/No
13. Do you understand the problems of your particular region/ local authority? Yes/No

14. Are you willing and eager to work towards solving such problems, both structural and developmental? Yes/No

15. Can you speak and write English fluently and correctly? Yes /No

16. Education-(A) School Grade:

(B), Tertiary:

17. This completed form must be forwarded to the Secretary General of the PDM at the following addresses before:

pdmnamibia@gmail.com , on /before 7th August 2020