

INDEPENDENT NATIONAL ELECTORAL COMMISSION

EC 9E

Plot 436 Zambezi Crescent, Maitama District, Abuja

SUBMISSION OF NAMES OF CANDIDATES BY POLITICAL PARTY

20...20... STATE HOUSE OF ASSEMBLY ELECTION

SOKOTO

STATE

POLITICAL PARTY AFRICAN DEMOCRATIC CONGRESS (ADC)

S/N	CONSTITUENCY	NAME OF CANDIDATE	AGE	SEX	PWD	ADDRESS	EDUCATIONAL QUALIFICATION(S)	REMARKS
1	<u>Kebbe</u>	<u>Aisha Malami</u>	<u>29</u>	<u>F</u>	<u>-</u>	<u>Margi Kebbe L.G. Sokoto</u>	<u>FSLC SSCE</u>	<u>SHA</u>
2								
3								
4								

SIGNED: _____

National Chairman

SIGNED: _____

National Secretary

* Please attach sworn affidavit (EC 9) of each candidate.

* Political parties shall mandatorily sponsor candidates who satisfy the statutory age qualification required for respective elective office(s).



INDEPENDENT NATIONAL ELECTORAL COMMISSION

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*EC 9

AFFIDAVIT IN SUPPORT OF PERSONAL PARTICULARS

Particulars of Persons seeking election to the Office/Membership of:

PRESIDENT ☐ VICE PRES. ☐ GOV. ☐ DEP. GOV. ☐

SEN. ☐ REPS. ☐ SHA ☒ CHAIRMANA/C ☐

VICE CHAIRMAN ☐ COUNCILLORA/C ☐

Tick as appropriate



CONSTITUENCY: ICBBE CODE:

STATE: SOKOTO CODE:

FCT: CODE:

Affidavit in support of particulars of persons seeking Election to the office of President, Vice President, Governor, Deputy Governor, Senate, House of Representatives, State House of Assembly, Chairman, Vice Chairman or Councilor of Area Council.



I, AISHA MALAMI hereby make oath and declare that I am the person seeking election into the office of STATE HOUSE OF ASSEMBLY in the ILEBIBE Constituency and the particulars given hereunder are correct, true and to the best of my knowledge.

PART A

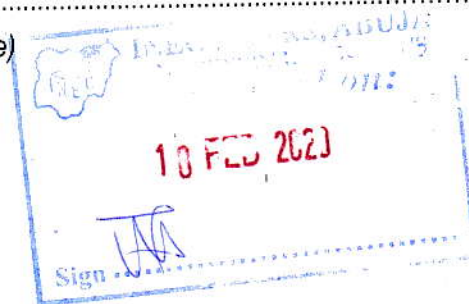
Office contested for: STATE HOUSE OF ASSEMBLY
 Name of Constituency: ILEBIBE Code: _____
 Name of Political Party: ADC Party membership No. 0039
 (Please attach a copy of Party membership card)

PART B

A PERSONAL PARTICULARS

1. Surname (in Block Letters): MALAMI AISHA
2. Other Names (in block letters): AI
3. Former name(s): AI MALAMI
4. Date of Birth: 29/02/1991 Age: 29 (Candidate shall comply with the statutory age required for the elective office sought. Birthplace: MARGAI
5. Residential Address: NEAR MARGAI MARLET, MARGAI
6. Occupation: FARMING AND TRADING
7. Telephone No: 09086408076 E-mail Address: _____
8. Are you a person with disability: NO.
9. Nationality: NIGERIAN
10. Have you voluntarily in the past changed Nationality? YES ☐ NO ☒ If Yes, what was your former Nationality? NO.
11. Have you voluntarily acquired citizenship of any other country? YES ☐ NO ☒ If Yes, which country? NO.
12. Have you made a declaration of allegiance to that or any other country? YES ☐ NO ☒ If Yes, Specify the country: NO.

(Attach evidence)



C. SCHOOLS ATTENDED/EDUCATIONAL QUALIFICATIONS WITH DATES

Attach evidence of all educational qualifications

S/N	SCHOOL	QUALIFICATION	YEAR
1	PRIMARY	PRIMARY CERT.	2006-2012
2	SECONDARY	SECONDARY CERT.	2012-2018
3	HIGHER		

D (I) WORKING EXPERIENCE WITH DATES

NAME OF EMPLOYER	PERIOD OF WORK	REASONS FOR LEAVING (PLEASE ATTACH EVIDENCE)

- (ii) Have you ever been dismissed from the Public Service of the Federation, State or Local Government/Area Council? YES ☐ NO ☒ If Yes, give details

.....
 No.

E GENERAL

1. Have you ever been adjudged a lunatic or declared to be of unsound mind?
 YES ☐ NO ☒ If Yes, give details

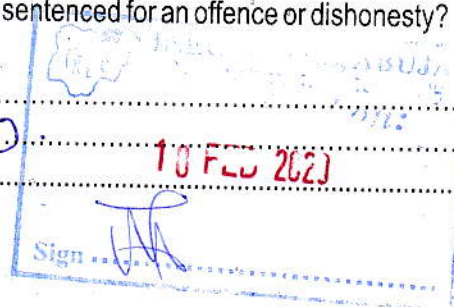
.....
 No.

2. Are you under a sentence of death, imprisonment or fine, for any offence involving dishonesty or fraud or any offence imposed by a Court or Tribunal? YES ☐ NO ☒ If Yes, give details.

.....
 No.

3. Have you in the last ten years been convicted and/or sentenced for an offence or dishonesty?
 YES ☐ NO ☒ If Yes, give details.

.....
 No.



4. Have you ever been involved in any bankruptcy proceedings? YES ☐ NO ☒ If yes, give details.

NO.

5. Have you ever been convicted by the Code of Conduct Tribunal? YES ☐ NO ☒ If Yes, give details

No.

6. Have you ever presented forged Certificate(s) to INEC? YES ☐ NO ☒ If Yes, give details.

No.

7. Do you or have you ever belonged to a Secret Society? YES ☐ NO ☒ If Yes, give details.

NO.

8. Give any information about your person. I AM A GOOD CITIZEN OF NIGERIA WHO'S EARN HER LIVING THROUGH TRADING AND FARMING.



F. DECLARATION BEFORE A COMMISSIONER FOR OATHS IN THE HIGH COURT

I hereby declare that all the answers, facts and particulars I have given in this Form are true and correct, and I have, to the best of my knowledge, fulfilled all the requirements for qualification for the office I am seeking to be elected.

ASS881

DEPONENT

Sworn to at the (State/High Court) Registry SOKOTO STATEThis 14TH Day of FEBRUARY 20 20

BEFORE ME

COMMISSIONER FOR OATHS
SOKOTO STATE14-2-20

SIGN

ABDULLOU
COMMISSIONER FOR OATHS

Fees PAID - ₦100

₦100 - RN: 20465571





**THE WEST AFRICAN
EXAMINATIONS COUNCIL**
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Results

Candidate Information

Examination Number	4341207352
Candidate Name	MALAMI AISHA
Examination	WASSCE FOR SCHOOL CANDIDATES 2018
Centre	GOVERNMENT DAY SECONDARY SCHOOL, KOFAR MARKE

Subject Grades

MARKETING	C6
ECONOMICS	C6
GEOGRAPHY	C6
ISLAMIC STUDIES	B3
CIVIC EDUCATION	A1
ENGLISH LANGUAGE	C6
HAUSA LANGUAGE	D7
MATHEMATICS	B3
HOME MANAGEMENT	F9

Card Information

Card Use	1 of 5
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EXAMINATIONS COUNCIL

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Results

Candidate Information

Examination Number

4341207352

Candidate Name

MALAMI AISHA

Examination

WASSCE FOR SCHOOL CANDIDATES 2018

Centre

GOVERNMENT DAY SECONDARY SCHOOL, KOFAR MARKE

Subject Grades

MARKETING

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ECONOMICS

C6

GEOGRAPHY

C6

ISLAMIC STUDIES

B3

CIVIC EDUCATION

A1

ENGLISH LANGUAGE

C6

HAUSA LANGUAGE

D7

MATHEMATICS

B3

HOME MANAGEMENT

F9

Card Information

Card Use

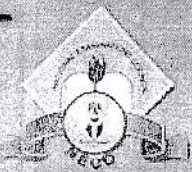
1 of 5

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National Examinations Council (NECO)

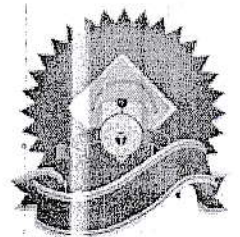
Dr Nnamdi Azikiwe road, Western Bye Pass, P.M.B 159, Minna, Niger State, Nigeria.

JUN/JUL Examination Result Details: MALAMI AISHA

Last Name:	MALAMI	Exam No:	82650530AE
Other Names:	AISHA	Exam Year:	2018
Center No:	0280046	Exam Type:	JUN/JUL
Centre Name:	GOVERNMENT GIRLS' DAY SECONDARY SCHOOL, KOFAR MARKE, SOKOTO		
*Card PinNo:	35452		
Card Usage:	You Have logged in time(s)		

* Please note that only the last five (5) characters of the Card PIN is displayed.

	Subject	Grade	Remark
1	English Language	C6	CREDIT
2	Mathematics	C6	CREDIT
3	Civic Education	F9	FAIL
4	Home Management	E8	PASS
5	Islamic Studies	C5	CREDIT
6	Geography	C6	CREDIT
7	Economics	C5	CREDIT
8	Hausa	C6	CREDIT
9	Marketing	C5	CREDIT





SOKOTO STATE OF NIGERIA

(REVISED 2000)

SOS No

1954

NAME Aisha Malami S/G DATE OF BIRTH 2006
PLACE OF BIRTH Sokoto STATE OF ORIGIN Sokoto
LGA Sokoto North TRIBE Hausa RELIGION Islam
NAME & ADDRESS OF PARENT OR GUARDIAN Malami Tal'adain -
Gidadau OCCUPATION OF PARENT OR GUARDIAN C/Servant

CLASS	SCHOOL(S) ATTENDED	YEAR
PRIMARY 1	<u>Mazini Gidado Nussamiya P/sch</u>	<u>2006</u>
PRIMARY 2	<u>"</u>	<u>"</u>
PRIMARY 3	<u>"</u>	<u>"</u>
PRIMARY 4	<u>"</u>	<u>"</u>
PRIMARY 5	<u>"</u>	<u>2012</u>
PRIMARY 6	<u>"</u>	<u>"</u>

FINAL YEAR POSITION 48th PLACE OUT OF 138 PUPILS STRONG SUBJECT: English
OUT DOOR ACTIVITIES B/Ball POST OF RESPONSIBILITY HELD Class Civil
INDUSTRY Hand Cap GENERAL CONDUCT Satisfactory

Aisha MALAMI
Signature of Pupils

Musa Marafa
Name and Signature of
Headmaster

[Signature]
Name, Signature and stamp of
Proprietor or Education Secretary

ANY ALTERATION ON THIS CERTIFICATE RENDERED IT INVALID IF IT IS LOST OR DESTROYED NO COPY WILL BE ISSUED

