EC 9E

INDEPENDENT NATIONAL ELECTORAL COMMISSION

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 ACTION DEMOCRATIC PARTY, ADP

S/N	CONSTITUENCY	NAME OF CANDIDATE	AGE	SEX	PWD	ADDRESS	EDUCATIONAL QUALIFICATION(S)	REMARKS
1	KEBBE STATE CONSTITUENCY	ABDULRAHIM IMAM CHINDO	25	M	—	GARKAR Hashim KEBBE	FSLC NECO	
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).

EC 9

INDEPENDENT NATIONAL ELECTORAL COMMISSION

Plot 436 Zambezi Crescent, Maitama District, Abuja

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 ☑ CHAIRMAN A/C ☐

VICE CHAIRMAN ☐ COUNCILLOR A/C ☐

Tick as appropriate

18 FEB 2020

CONSTITUENCY: KEBBE ..... 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, ABDURRAHIM IMAM CHINDO ..... hereby make oath and declare that I am the person seeking election into the office of ...MEMBER..... in the ..KEBBE STATE..... Constituency and the particulars given hereunder are correct, true and to the best of my knowledge.

PART A

Office contested for: MEMBER STATE HOUSE of ASSEMBLY .....

Name of Constituency: KEBBE ..... Code .....

Name of Political Party: ACTION DEMOCRATIC PARTY (A.D.P) Party membership No. 044651

(Please attach a copy of Party membership card)

PART B

A PERSONAL PARTICULARS

1. Surname (in Block Letters): IMAM .....
2. Other Names (in block letters) ABDURRAHIM CHINDO .....
3. Former name(s) .....
4. Date of Birth 14/01/1995 Age 25 (Candidate shall comply with the statutory age required for the elective office sought. Birthplace KEBBE .....
5. Residential Address GARKAR HASHIM KEBBE .....
6. Occupation FARMING .....
7. Telephone No 08069145871 E-mail Address bushraimamchindo@yahoo.com
8. Are you a person with disability NIL .....
9. Nationality NIGERIA .....
10. Have you voluntarily in the past changed Nationality? YES ☐ NO ☑ if Yes, what was your former Nationality? .....
11. Have you voluntarily acquired citizenship of any other country? YES ☐ NO ☑ If Yes, which country? .....
12. Have you made a declaration of allegiance to that or any other country? YES ☐ NO ☑ If Yes, Specify the country .....

(Attach evidence)

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C. SCHOOLS ATTENDED/EDUCATIONAL QUALIFICATIONS WITH DATES

Attach evidence of all educational qualifications

S/N	SCHOOL	QUALIFICATION	YEAR
1	PRIMARY	FSLC	2007
2	SECONDARY	NECO	2013
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

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.....

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E GENERAL

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

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.....

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.

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.....

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

.....

.....

.....

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

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

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

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

8 Give any information about your person I Abdurahim Imam Ehindo an indegine of kebbe local gout area of Sokoto state am a citizen of nigeria and I have attend the required age of vying for member state house of assembly. I am a politician by experience and I like politics. I am contest for this position in order to give my own contribution to good people of kebbe and to give and examplenary representation in the Sokoto state house of assembly.
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.....

18 FEB 2020

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.

DEPONENT

Sworn to at the High Court Registry,_____

This ..... 18th ..... Day of ..... February ..... 20..... 2020

JUDICIARY HIGH COURT OF THE FEDERAL CAPITAL TERRITORY No B1170774

BEFORE ME

Sw/No B1170774

HIGH COURT OF THE FCT COMMISSIONER FOR OATH SOLOMON ORIAE

₦700

18/02/2020

COMMISSIONER FOR OATHS.

18 FEB 2020

ACKNOWLEDGMENT

This is to acknowledge the receipt of **Form EC 9** from:

_____

(Party)

in favour of

_____

(Name of Candidate)

for the office of _____

Received by me, at _____

this _____ Day of _____ 20 _____

11 FEB 2020

_____

Stamp/Signature of Receiving Officer

Name: _____

Rank: _____

044651

YEARS	1ST QTR	2ND QTR	3RD QTR	4TH QTR
2017				
2018	✓	✓	✓	✓
2019	✓	✓	✓	✓
2020	✓	✓	✓	✓
2021				

Ward No: _____

Surname: Imf

Other names: Abdurrahim Chinto

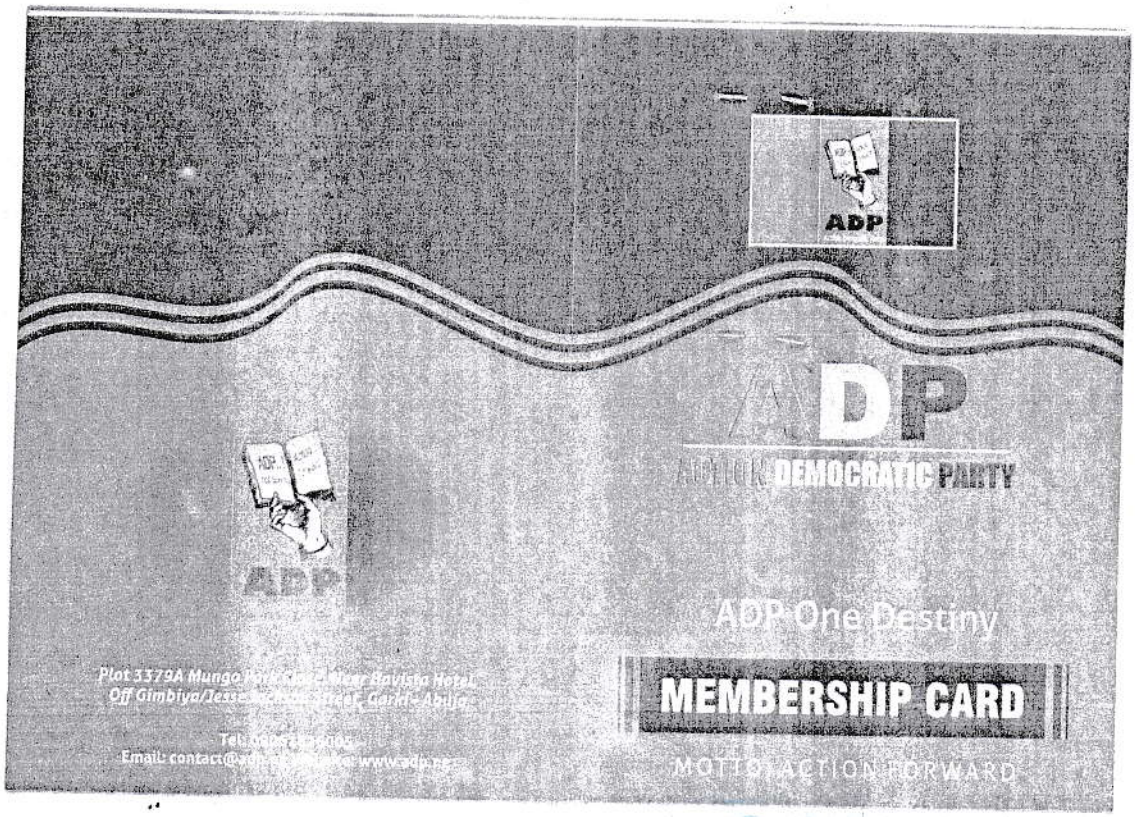
Ward: KEBBE EAST

LGA: KEBBE Zone: Sokoto South

State: SOKOTO

Country: NIGERIA

Ward chairman | Ward Secretary | National Chairman | National Secretary



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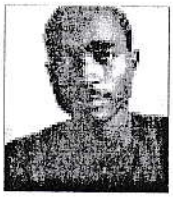
SCR

	FR	FA
P/NA	☐	☐
G/HA	☐	☐
ACE	☐	☐
RPRE	☐	☐
RGOV	☐	☐



IMAM, ABDURRAHIM CHINDO

VIN: 90F5A FE484 53537 4356

DOB-Y: 1995 | Gender: M

OCCUPATION : STUDENT

P/NA	G/HA	ACE	RPRE	RGOV
☐	☐	☐	☐	☐

Thumbprint

Mobile Number

Delimitation: 33|11|01|001

18 FEB 2020

KEBBE LOCAL GOVERNMENT

Sokoto State of Nigeria

P.M.B.

Our Ref

Office of the Chairman
Kebbe Local Government
Sokoto State of Nigeria

Date: 3rd April 2019
Reg. No: KBELG/ADM/

Certificate of Identification/Origin

This is to Certify That

The Bearer ABDURRAHIM IMAM CHINDO

is an Indigene /a resident of KEBBE

Kebbe Local Government Area of Sokoto State of Nigeria. He / She was

born at _____ In _____ District

This Certificate covers his/her identification as an indigene of Kebbe Local Government Sokoto State.

You are requested to give him/her every possible assistance please.

SECRETARY
Kebbe Local Government

CHAIRMAN/DPM
Kebbe Local Government

18 FEB 2020

FATIMA SPECIAL SCHOOL
NURSERY / PRIMARY

No.3, Unity Road, Kantin Kwari, Kano.

Testimonial

TO WHOM IT MAY CONCERN

This is to certify that the bearer

ABDURRAHIM IMAM CHINDO

Has successfully completed his/her Primary Education in the above school as

From SEPTEMBER, 2003

To AUGUST, 2007

Throughout the period of his/her Schooling in this School, He/She proved to be good/average/poor pupil.

During his/her last year, he/she held the post of NIL *Prefect.*

To my own understanding his/her conduct is good/satisfactory I therefore, recommend him/her for any employment.

Date 1ST *Day of* FEBRUARY 2013

FATIMA SPECIAL NUR/PRI SCH
OFFICIAL STAMP
DATE

HEAD MASTER'S SIGN

18 FEB 2020

KANO CAPITAL BOYS SECONDARY SCHOOL

OFF ALU AVENUE BEHIND RACE COURSE
P.O. BOX 1058 KANO NIGERIA

KANO

CAPITAL SCHOOL

Testimonial

This is to certify that: Abdurrahim Imam Chindo

Has attended this School from

September 2007 to June 2010

He has completed his Junior Secondary School Education.

While in School he proved to be Above Average/ Average/ ~~Below Average~~ academically

His conduct is very Satisfactory/ Satisfactory/ ~~Unsatisfactory~~ / ~~Poor~~.

Date. 30/01/2013

Principal

18 FEB 2020

National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)

Tracking ID: S7Y0ORZER00036A	Surname: IMAM	Address: NO 27 UNITY ROAD	
NIN: 81756547730	First Name: ABDURRAHIM		
Issue Date: N/A	Middle Name: CHINDO		
	Gender: M	KANO KN	

Note: The ***National Identification Number (NIN) is your identity.*** It is confidential and may only be released for legitimate transactions.

You will be notified when your National Identity Card is ready (for any enquiries please contact)

helpdesk@nimc.gov.ng	www.nimc.gov.ng	0700-CALL-NIMC (0700-2255-646)	National Identity Management Commission 11, Sokoto Crescent, Off Dalaba Street, Zone 5 Wuse, Abuja Nigeria

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Rumfa College Kano

P.M.B. 3079, Kano - Nigeria Tel: 663905

Testimonial

This is to Certify that

Abdurrahim Imam Chindo RCK/10/22766

Whose name is given above was a student of this college from

2010 to 2013

He sat for Senior School Certificate Examination(s) in May / June

2013 in Nine (9) subjects

During his stay in this, his Character was ~~Exemplary~~/ Satisfactory/ ~~Unsatisfactory~~

As a student of this College, he held the

Following responsibilities

(a) _____ 18 FEB 2020

(b) _____

(c) _____

I therefore Recommend him for employment/ admission into any Higher Institution(s) which commensurate to his qualification(s)

RUMFA COLLEGE PRINCIPAL 6 AUG 2013 KANO

OFFICIAL STAMP

PRINCIPAL

FATIMA SPECIAL SCHOOL NURSERY / PRIMARY

No. 3 UNITY ROAD (KATIN KWARI) KANO

PSSI No. 000678

LEAVING SCHOOL CERTIFICATE

Name. ABDURRAHIM IMAM CHINDO

Approximate date of Birth..... 17TH DECEMBER 1996

Tribe..... HAUSA

Birth place and Province..... KANO

Name of parent or Guardian and his Occupation.. UMARU IMAM CHINDO/ISLAMIC PROPAGATOR

This is to certify that the pupil named above had completed the year 2007...
In class ..... 5 ..... with a minimum of 75 percent attendance.

HEADMASTER'S REPORT

Order of merit, final year..... 3RD ..... Place out of..... 23 .....

* 1 English — Good — ~~Average~~ — ~~Weak~~

* 2 Arithmetic — Good — ~~Average~~ — ~~Weak~~

3 His strong subjects (if any) are:... MATHEMATICS, ENGLISH LANGUAGE, BASIC SCIENCE AND TECHNOLOGY

4. Outdoor activities..... FOOTBALL

5. Sense of responsibility — Good — ~~Average~~ — ~~Weak~~

6. Post of responsibility held..... NIL

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7. Industry..... GOOD

8. General Conduct..... GOOD

*Strike out words not applicable — State whether Football, Athletics

Signature of Pupil..... — Signature of Headmaster.....

Date ..... 1ST FEBRUARY, ... 2013

Signature of Proprietor or his representative.....

This Certificate is supplied only to schools approved by the Ministry of Education.
It should be kept in a safe place for if lost or destroyed no copy will be issued.

Rimfa College Kano

ESTABLISHED 1927

P.M.B. 3079, Kano - Nigeria Tel: 603965

STATEMENT OF RESULT

NECO / [redacted] JUNE/JULY 2013

EXAM NO: 30594475BC CENTRE NO: 015ooo1

NAME: ABDURRAHIM IMAM CHINADU

S/NO	SUBJECT	GRADE	REMARKS
1.	Mathematics	C5	CREDIT
2.	English Language	C5	CREDIT
3.	Hausa Language	B2	V. GOOD
4.	I. R. K	C6	CREDIT
5.	Geography	C5	CREDIT
6.	Biology/[redacted]	C5	CREDIT
7.	Agric / [redacted]	C5	CREDIT
8.	Chem / Acc / [redacted] / Govt.	C5	CREDIT
9.	Phy / Comm / S / Hand	C6	CREDIT
10.	Economics		
11.	Animal Husb.		
12.	Civic Edu.		
13.	Computer Stud.		

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EXAMS OFFICER

DATE

N.B: ANY ALTERATION RENDERS THIS RESULT INVALID

STATUTORY DECLARATION OF AGE

GEN. 93

I..... IMAM CHINDO .....of..... KEBBE TOWN, KEBBE LOCAL GOVT. .....

Do hereby make oath and declare as follows:

1. That my age is..... 50 .....years old
2. That I am the..... FATHER .....of..... ABDURRAHIM IMAM CHINDO .....
   State relationship
3. That to the best of my knowledge the said..... ABDURRAHIM IMAM CHINDO .....
   was born at..... KEBBE .....in..... KEBBE .....L.G.A..... SOKOTO .....State
   On the..... 14TH .....day of..... JANUARY - 1995 .....
4. That at the time of his/her birth was not registered at..... KEBBE .....town
5. That I make this solemn declaration in good faith believing the contents to be true by the provision of the Oaths Act 1990 as amended.

Date..... 17TH - OCTOBER .....20..16

DEPONENT

6. I certify that the above declaration have been read and interpreted to deponent and at he/she appears clearly to understand and affixed his/her mark in my presence.

Dated..... 17TH-OCTOBER .....20..16

INTERPRETER

SWORN AT: SHARIA COURT OF APPEAL, SOKOTO.

Dated..... 17 ..... day of..... OCTOBER - 2016 .....

18 FEB 2020

BEFORE ME:

17/10/2016

COMMISSIONER OF OATHS

FEES PAID ₦..... K.....

REVENUE COLLECTOR'S RECEIPT NO..... Date..... 2016 .....