



EC 9E

# INDEPENDENT NATIONAL ELECTORAL COMMISSION

Plot 436 Zambezi Crescent, Maitama District, Abuja

## SUBMISSION OF NAMES OF CANDIDATES BY POLITICAL PARTY

2019..... STATE HOUSE OF ASSEMBLY ELECTION

KWARA

STATE

POLITICAL PARTY NEW NIGERIA PEOPLE'S PARTY

| S/N | CONSTITUENCY | NAME OF CANDIDATE | AGE | SEX | PWD | ADDRESS                  | EDUCATIONAL QUALIFICATION(S) | REMARKS |
|-----|--------------|-------------------|-----|-----|-----|--------------------------|------------------------------|---------|
| 1   | PATIGI       | OLADIPO           | 32  | M   | ML  | SECRETARIAT ROAD, PATIGI | BSc                          | cfm     |
| 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).

(K) LEGAL SERVICES  
DEPARTMENT

18 FEB 2020



**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 ☒ CHAIRMANA/C ☐VICE CHAIRMAN ☐ COUNCILLORA/C ☐*Tick as appropriate*CONSTITUENCY: ..... PATI 91 ..... CODE: SC/613/KWSTATE: ..... KWARA ..... CODE: 23

FCT: ..... CODE: .....

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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, OLADIPO BENJAMIN hereby make oath and declare that I am the person seeking election into the office of STATE HOUSE in the PATIGI 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: PATIGI Code: SC/613/KW  
 Name of Political Party: NNPP Party membership No. ....  
 (Please attach a copy of Party membership card)

### PART B

#### A PERSONAL PARTICULARS

1. Surname (in Block Letters): OLADIPO
2. Other Names (in block letters) BENJAMIN
3. Former name(s) .....
4. Date of Birth 24-02-1988 Age 32 (Candidate shall comply with the statutory age required for the elective office sought. Birthplace AGBORO
5. Residential Address BESIDE NEW MARKET, SECTA ROAD  
ROAD PATIGI
6. Occupation TRADING
7. Telephone No 08062236365 E-mail Address .....
8. Are you a person with disability NO
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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*[Signature]*

**C. SCHOOLS ATTENDED/EDUCATIONAL QUALIFICATIONS WITH DATES***Attach evidence of all educational qualifications*

| S/N | SCHOOL    | QUALIFICATION            | YEAR |
|-----|-----------|--------------------------|------|
| 1   | PRIMARY   | FIRST SCH. LEAVING CERT. | 1999 |
| 2   | SECONDARY | NATIONAL BUSINESS CERT.  | 2012 |
| 3   | HIGHER    | B-SC EDUCATION           | 2016 |

**D (I) WORKING EXPERIENCE WITH DATES**

| NAME OF EMPLOYER | PERIOD OF WORK | REASONS FOR LEAVING<br>(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

.....

.....

.....

**E GENERAL**

1. Have you ever been adjudged a lunatic or declared to be of unsound mind?

YES ☐ NO ☒ If Yes, give details

.....

.....

.....

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.

.....

.....

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

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*from 11/2/2020*

**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.

*[Signature]*

DEPONENT

Sworn to at the (State/High Court) Registry Fed. High court, Floris.

This 17<sup>th</sup> Day of Feb. 20 20

BEFORE ME

*[Signature]*

COMMISSIONER FOR OATHS  
COMMISSIONER FOR OATHS  
FEDERAL HIGH COURT  
FLORIN.



*paid on  
120378771411  
R.*





No 185809

**KWARA STATE PRIMARY EDUCATION BOARD**  
**CERTIFICATE OF PRIMARY EDUCATION**  
 (Revised 1994)

Name..... OLADIPO BENJAMIN  
 Date of Birth..... 24TH FEBRUARY, 1988  
 Tribe..... YORUBA Nationality..... NIGERIAN  
 Birth Place..... OGBOMOSHOD L.G.A. OGBOMOSHOD - SOUTH  
 Name of Parent or Guardian and Occupation..... MR. E.O. OLADIPO - TRADING

| Class           | Details of Schools Attended     | Year           |
|-----------------|---------------------------------|----------------|
| Primary 1 .. .. | <u>SIMILGREA SCHOOL, PATIGI</u> | <u>1993/94</u> |
| Primary 2 .. .. | <u>" " " "</u>                  | <u>1994/95</u> |
| Primary 3 .. .. | <u>" " " "</u>                  | <u>1995/96</u> |
| Primary 4 .. .. | <u>" " " "</u>                  | <u>1996/97</u> |
| Primary 5 .. .. | <u>" " " "</u>                  | <u>1997/98</u> |
| Primary 6 .. .. | <u>" " " "</u>                  | <u>1998/99</u> |

This is to certify that the pupil named above has completed the year 19....in Class 6 with a minimum of 75 percent attendance.

**HEADMASTER'S REPORT**

Order of merit, final year..... 6TH Place out of..... 116  
 \*1 English..... Good..... ~~Average~~..... ~~Weak~~  
 \*2 Mathematics..... Good..... ~~Average~~..... ~~Weak~~  
 3 His/Her strong subjects (if any) are:..... ENGLISH, MATHEMATICS & G/PAPER  
 +4 Outdoor activities..... FOOTBALL  
 \*5 Sense of responsibility..... Good..... ~~Average~~..... ~~Weak~~  
 \*6 Posts of responsibility held.....  
 7 Industry..... BROOM MAKING  
 8 General Conduct..... SATISFACTORY

\*Delete words not applicable.

+ State whether Football, Activities, Scouting, Sewing Knitting, Cookery, etc.

Signature of Pupil..... B. ADIPO

Signature of Headmaster..... PTC

Date..... 5/7/2001

School..... SIMILGREA SCHOOL, PATIGI

Stamp of Local Education Authority.....

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.

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**NATIONAL BUSINESS AND TECHNICAL  
EXAMINATIONS BOARD, NIGERIA**

*This is to Certify that*

**OLADIPO BENJAMIN**

having completed the approved Business course of study and fulfilled all the prescribed conditions in

**BOOK-KEEPING**

is hereby awarded

**National Business Certificate**

with standards shown in the following subjects:

**TRADE COURSE(S):**

OFFICE PRACTICE  
FINANCIAL ACCOUNTING

**GRADE(S)**

C5  
C6

**TRADE RELATED COURSE(S):**

COMMERCE

C4

**GENERAL EDUCATION COURSE(S):**

ENGLISH LANGUAGE  
MATHEMATICS  
ECONOMICS  
BIOLOGY  
INFORMATION & COMMUNICATIONS TECHNOLOGY

C6  
C5  
C6  
C6  
C6

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CERTIFICATE No.

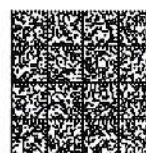
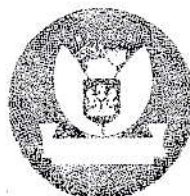
NABTEB/NBC/00001194071

CANDIDATE No.

-----24005118-----

DATE

JUNE 2012



Dr Olatunde A. Aworanti  
Registrar

# UNIVERSITY OF ILORIN



068978

*This Is To Certify That*

**Benjamin OLADIPO**

*having completed an approved course of study  
passed the prescribed examinations and fulfilled  
all other conditions, has this day, under the authority  
of the Senate, been admitted to the Degree of*

*Bachelor of Science (Education)*

*with* **SECOND CLASS HONOURS (LOWER DIVISION)**

*in*

**BUSINESS EDUCATION**

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VICE-CHANCELLOR

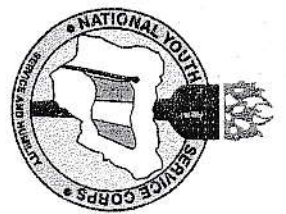
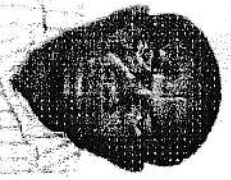
REGISTRAR

**6th September, 2016**

DATE







NATIONAL YOUTH SERVICE CORPS

# Certificate of National Service

This is to Certify that

*Gladys Benjamin*

NAME / EKILR/2016/341225 has satisfactorily completed one year of national service from 24th November 20 to 24th October 20 17, in accordance with Section 11 of the National Youth Service Corps Act Cap N84, LFN 2004.

24th October 20 17

*Judge (Sic Gen)*  
Director-General  
National Youth Service Corps

A003578000

16

3824

18 FEB 2020



# STATUTORY DECLARATION OF AGE

GEN. 93

I, EMMANUEL OLADIPU of NOES  
ESPIYI CAMP, PATIGI do solemnly and sincerely declare:-

1. That my age is 65 years.

2. That I am the FATHER of OLADIPU  
(state relationship)

BENJAMIN  
(here state name of person about whom declaration is made)

3. That to the best of my knowledge and belief the said OLADIPU  
BENJAMIN was born at PATIGI  
in PATIGI L.G.A Division of KWARA State of Nigeria  
on the 24TH day of FEB 1988

4. That at the time his/her birth was not registered at PATIGI

5. That I make this solemn declaration conscientiously believing the same to be truth and correct by the virtue of the provision of the Oath Act, 1963.

2/10/2006

Dipo  
Signature or mark of Declarant

I certify that the above declaration has been read and interpreted to the declarant and that he/she appears clearly to understand the same and affixed his/her mark to it in my presence.

2006

Signature of Interpreter

Declared at High Court of Justice/Chief Magistrate's Court Registry, Horn this 2nd

day of Oct 2006

18 FEB 2020

Before me:



Commissioner for Oaths

Fee Paid..... Naira

Revenue Collector's Receipt No. 66909

Date 3/9/2006

# PATIGI LOCAL GOVERNMENT

PATIGI



Ref No: .....

## **CONFIRMATION OF KWARA STATE ORIGIN**

### **TO WHOM IT MAY CONCERN**

*This is to certify that from investigation made*

I hereby confirm that..... OLADIPO BENJAMIN.....

..... is a native of A G B O R O.

In PATIGI Local Government Area of Kwara State, Nigeria.

2. His/Her Particulars are follows:-

FATHER'S NAME:..... EMMANUEL OLADIPO.....

FATHER'S HOME TOWN:..... A G B O R O.....

FATHER'S COMPOUND:..... A G B O R O.....

FATHER'S WARD/DISTRICT:..... KPADA WARD (III).....

FATHER'S LOCAL GOVERNMENT AREA:..... P A T I G I.....

FATHER'S STATE:..... K W A R A.....

MOTHER'S NAME:..... FELICIA OLADIPO.....

MOTHER'S HOME TOWN:..... A G B O R O.....

MOTHER'S LOCAL GOVERNMENT AREA:..... P A T I G I.....

MOTHER'S STATE:..... K W A R A.....

Dated this..... 18<sup>th</sup>..... Day of..... Sept.,..... 20<sup>06</sup>.....



for.....  
CHAIRMAN/SECRETARY  
PATIGI LOCAL GOVERNMENT  
PATIGI

18 FEB 2020