



INDEPENDENT NATIONAL ELECTORAL COMMISSION

Plot 436 Zambezi Crescent, Maitama District, Abuja

FC 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 ☐ CHAIRMAN/A/C ☐

VICE CHAIRMAN ☐ COUNCILLOR/A/C ☐



CONSTITUENCY: EDO STATE CODE:

STATE: EDO STATE 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 Councillor of Area Council.

I, OMION OMONYE hereby make oath and declare that I am the person seeking election into the office of DEPUTY GOVERNOR in the EDO STATE Constituency and the particulars given hereunder are correct, true and to the best of my knowledge.



PART A

Office contested for: DEPUTY GOVERNOR
 Name of Constituency: EDO STATE Code: _____
 Name of Political Party: SOCIAL DEMOCRATIC PARTY Party membership No. 1729
 (Please attach a copy of Party membership card)



PART B

A PERSONAL PARTICULARS

1. Surname (in Block Letters): OMION
2. Other Names (in block letters): OMONYE
3. Former name(s): NILL
4. Date of Birth: 12/6/1983 Age: 37 (Candidate shall comply with the statutory age required for the elective office sought. Birthplace: UCHELLI)
5. Residential Address: NO. 2 ALAFIA ESTATE, AFEKHA STREET, IGAARRA, AKOKO - EDO, EDO STATE
6. Occupation: MEDICAL PRACTITIONER (DOCTOR)
7. Telephone No: 07062478260 E-mail Address: omionyeomion@gmail.com
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? NILL
11. Have you voluntarily acquired citizenship of any other country? YES ☐ NO ☒ If Yes, which country? NILL
12. Have you made a declaration of allegiance to that or any other country? YES ☐ NO ☒ If Yes, Specify the country: NILL

(Attach evidence)

C. SCHOOLS ATTENDED/EDUCATIONAL QUALIFICATIONS WITH DATES

Attach evidence of all educational qualifications

S/N	SCHOOL	QUALIFICATION	YEAR
1	PRIMARY	FIRST SCH. LEAVING CERT.	
2	SECONDARY	WA.E.C. (W.A.S.S.C)	1999
3	HIGHER	BACHELOR OF MEDICINE	2010

D (I) WORKING EXPERIENCE WITH DATES

NAME OF EMPLOYER	PERIOD OF WORK	REASONS FOR LEAVING (PLEASE ATTACH EVIDENCE)
PRIVATE PRACTICE	2016 - TILL DATE	

- (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

NILL

**E GENERAL**

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

NILL

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.

NILL

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

NILL

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

NILL

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

NILL

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

NILL

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

NILL

8. Give any information about your person ... I am a determined patriot and an advocate social justice.



REVENUE COLLECTOR'S RECEIPT

Treasury Book No. 6A

RRR No. _____
 STATION Marloma
 MDA Ru 101
 HEAD/SUB-HEAD _____



NIGERIA

DATE 29/6/2020

12315311

Received from Union Dmbye R. V. No. CM

the sum of Five Hundred

being (description of payment)* for Naira (00) kobo

ORIGINAL

*If space is insufficient further particulars must be inserted on the back of receipt.

N 500

SIGNATURE OR MARK OF PAYER

SIGNATURE OF REVENUE COLLECTOR

OCCUPATION OF WITNESS

WITNESS TO MARK



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.

Edmon

DEPONENT

Sworn to at the (State/High Court) Registry *FCT, Maratama Abuja*

This *29th* Day of *June*, 20*20*

BEFORE ME



COMMISSIONER FOR OATHS

*29/06/2020*

Fessa 700
1-12315311
29/06/2020
Edmon

Edmon
Edmon - B1229117

The West African Examinations Council

West African Senior School Certificate

JUNE 1999

This is to Certify that: OMION OMONYE



born on: JUNE 12, 1983

SEX: FEMALE

having been in attendance at the following recognised school

SUCCESS SECONDARY SCHOOL, IGARRA

sat The West African Senior School Certificate Examination
and obtained the results shown below

SUBJECT

GRADE

ECONOMICS	4
GEOGRAPHY	6
ENGLISH LANGUAGE	4
MATHEMATICS	6
AGRICULTURAL SCIENCE	3
BIOLOGY	5
CHEMISTRY	6
PHYSICS	6
SUBJECTS ROLL	EIGHT

C104

CANDIDATE No

4130125095

CERTIFICATE No

NGWASSCS 294602



UNIVERSITY OF BENIN



BENIN CITY, NIGERIA

Omonye Omion

having satisfied all the requirements of the University
and passed the prescribed examinations held in the
2007/2008 Academic Session
has been admitted to the degree
of

Bachelor of Medicine Bachelor of Surgery



Given at Benin City this ~~25th~~ day of November 2010

A handwritten signature in black ink, likely belonging to the Registrar.

Registrar

A handwritten signature in black ink, likely belonging to the Vice Chancellor.

Vice Chancellor

11

A 002115234



NATIONAL YOUTH SERVICE CORPS

Certificate of National Service

This is to Certify that

Omion Omoye

NDSC has satisfactorily completed one year of national service from 15th Nov. 2011 to 14th Nov. 2012, in accordance

with Section 11 of the National Youth Service Corps Decree No. 51 of 1993.

14th Nov. 2012

Director General
National Youth Service Corps



GOVERNMENT OF MIDWESTERN STATE OF NIGERIA
Ughelli Local Govt. COUNCIL

The Registration of Births Adoptive Bill Law, 1956

FORM C

ORIGINAL

Nº 26929

CERTIFICATE OF REGISTRATION OF BIRTH

I. *J. Numei Mgbelu*

Registrar of Births at *Ughelli*

in Nigeria do hereby Certify that I have this day registered the birth of

Miss Ononye Onien

born on the *12th* day of *June* 1982

at *M.M. Hospital Ughelli*

the Child of *Mr & Mrs Charles Onien*

Weight at Birth *3.8 kg.*

WITNESS my Hand this *20th* day of *June* 1982

FEE PAID



MNC CM 94 '82



FEDERAL REPUBLIC OF NIGERIA
INDEPENDENT NATIONAL ELECTORAL COMMISSION

VOTER'S CARD

NAME: OMON, OMONYE
 SEX: F
 DATE OF BIRTH: 12-06-1983
 NATIONALITY: OTHER
 ADDRESS: KAPPA

STATE: KADUNA
 LGA: KADUNA NORTH
 WARD: KADUNA NORTH

PHOTO: [REDACTED]

INEC HQTRS. ABUJA
ELECTIONS
received on:
29 JUN 2020
 Sign: [Signature]



ISSUED BY INEC PURSUANT TO SECTION 16 OF THE ELECTORAL ACT 2010



No 1729

Surname Omon Omonye

Other names Omonye

Ward 2

LGA Esan West

State Edo


WARD CHAIRMAN


WARD SECRETARY


NATIONAL CHAIRMAN


NATIONAL SECRETARY

JAN						
FEB						
MAR	1000	1000	1000			
APR	500	500	500			
MAY	1000	500	500			
JUN	500	300				
JUL	500	200				
AUG	500	200				
SEP	500	1000				
OCT	500	100				
NOV	500	1000				
DEC	300	400				
	2018	2019	2020	2021	2022	2023

INEC HQTRS, ABUJA
ELECTIONS
received on:
29 JUN 2020
Sign 



Social Democratic Party
...Progress!



Social Democratic Party
...Progress!

SOCIAL DEMOCRATIC PARTY
FOR GOOD GOVERNANCE & SOCIAL JUSTICE

NATIONAL SECRETARIAT
No 9, Yodseram Street, Maitama Abuja
Tel: 0803 620 3435, 0806 881 0877, 0803 310 8814

MEMBERSHIP CARD