



MALAWI ELECTORAL COMMISSION

## **REQUEST FOR ACCREDITATION**

**TO**

**CONDUCT CIVIC AND VOTER EDUCATION**

**FOR**

**CVE SERVICE PROVIDERS FOR 2025 GENERAL  
ELECTION**

Road Show Promoters,  
Mobile Cinema Promoters,  
Comedians  
Musicians, Poets  
Video Animators,  
Graphic Designers & Illustrators  
Drama Groups & Dance Troupes



**SECTION 1:           APPLICANT'S PARTICULARS**

**Please Specify the Type of Service Provider**

\_\_\_\_\_  
Name of the CVE Service Provider:-

\_\_\_\_\_  
Postal Address: \_\_\_\_\_

\_\_\_\_\_  
Physical Address:

\_\_\_\_\_  
Tel: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

**Details of the Focal Person**

Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Cellphone: \_\_\_\_\_

\_\_\_\_\_  
Email Address:

**Mission/ Purpose of the Entity**

\_\_\_\_\_  
\_\_\_\_\_



**SECTION 2:**

**REGISTRATION (Please tick where necessary)**

**NTAM**

**Registrar of Companies**

**ODPP**

**MRA**

<b>Registration Certificate Nos.</b>	
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**Note: Please attach copies of certificates**

**SECTION 3: CVE SERVICE PROVIDER EXPERIENCE**

<b>EXPERIENCE IN CIVIC AND VOTER EDUCATION</b>		
<b>Year</b>	<b>Programme</b>	<b>Thematic Area</b> <i>e.g. Governance, Elections, Human Rights,</i>

If not experienced, what skills, knowledge and capacity does your entity have in elections or civic education:



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**SECTION 4**

Clearly state/specify Areas of Operation

<b>District</b>	<b>Constituency</b>	<b>Traditional Authority</b>	<b>Ward</b>

**SECTION 5 TEAM MEMBERSHIP AND THEIR DETAILS**

<b>Management and Key Staff</b>			
<b>Full Name</b>	<b>Position</b>	<b>Qualifications</b>	<b>Experience in Elections</b>



**SECTION 6**

Please attach a copy indicating prices/budget to include all other fees involved like:

- Production Fees.
- Talent Fees.
- Professional Fees.
- Transport Contribution.
- Other costs (Please specify).

**SECTION 7     BANK DETAILS (IF ANY) OF THE CVE SERVICE PROVIDER**

Account Name and Bank

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**SECTION 8:     CVE SERVICE PROVIDER COMMITMENT (DECLARATION)**

I.....of  
 ....., do declare that the information presented here is correct to the best of our knowledge and after carefully reading the code of conduct, would like to declare that our Service Provider will comply fully with the Code of Conduct for Civic and Voter Education Providers. I have, therefore, requested that our application for accreditation be considered.

Name (Applicant):-.....

1<sup>st</sup> Signature:-.....2<sup>nd</sup> Signature:.....



Position: .....

Date:-.....

**CVE Service Provider's Stamp**

**For Official Use Only**

MEC (Approval/ Disapproval) **Please tick**

Reasons:-.....

.....

Signed : ..... Position:.....Date: .....

