

FORM PP. 5 PART III. – PARTY MEMBERSHIP VERIFICATION*

Name of Region.....

Name of Member

Age

Sex

Occupation

Profession

Tribe / Ethnic group.....

Religion

Residence (State District, town, village)

Postal Address.....

Cell/Kitongoji/Ward or other Local Leader

Party Membership Card No.....issued (date).....at.....(place)

Name of father or guardian

*Note: These particulars must be given in respect of at least 200 party members per Region in at least ten Regions of the United Republic out of which at least two Regions are in Tanzania Zanzibar, being one Region each in Zanzibar and Pemba.