

RESIGNATION FORM

TO: Secretary General

Restoration Alliance Party (RAP)

info@rap.or.ke

Name of Member

Office held in the party (where applicable)

Tel. No.

ID NO /Passport No.

E-Mail

Date

Name of Political Party Resigning From

Postal Address: Postal Code: City:

Attach Copy of ID/Passport

Sign

c.c. Registrar of Political Parties