APPLICATION FORM for an observer of foreign state and international organization			
Surname			
Given names			
Date of birth		Sex	□ Male □ Female
Passport No	Date of issue		
Issued by			
Place of work			
Position			
Country / international	l organization, which you represent <i>C</i>	DSCE Parliamentar	y Assembly
Citizenship			
	tions within the framework of internat he name of international mission <i>O</i>		
	experience (country, year)		
Telephone	Mobile phone	Fax	
	Republic of Kazakhstan n the Republic of Kazakhstan		
Signature		Date	

## Early election of the President of the Republic of Kazakhstan 9 June 2019