

- Original (white)
- 1st Copy (blue)
- 2nd Copy (pink)



National Electoral Commission – Sierra Leone

**MTF 1****PRESIDENTIAL RUN-OFF ELECTION 2018****MATERIAL TRANSFER FORM BEFORE POLLING**

From:	<i>Tick 1 box only</i>		To:	<i>Tick 1 box only</i>	
NEC HQ			NEC HQ		
DEO		District Name	DEO		District Name
WC		Ward Number	WC		Ward Number
PCM		PC Code	PCM		PC Code

No.	Item Description	Quantity	Seals numbers (if available)
1.	Polling Centre Kit – Large Box		
2.	Presidential Run-Off sealed carton box		
3.	Polling Station Kit		
4.	Ballot Boxes		
5.	Voting Screen		
6.	Other (please specify)		
7.	Other (please specify)		
8.	Other (please specify)		
9.	Other (please specify)		
10.	Other (please specify)		

1st Transfer	Handed over by:
Name, Surname: Signature:	
Title: ID Number (if available): Date (DD/MM/YY): / /	
Received by:	
Name, Surname: Signature:	
Title: ID Number (if available): Date (DD/MM/YY): / /	

2nd Transfer	Handed over by:
Name, Surname: Signature:	
Title: ID Number (if available): Date (DD/MM/YY): / /	
Received by:	
Name, Surname: Signature:	
Title: ID Number (if available): Date (DD/MM/YY): / /	

• Original (white)	PO
• 1st Copy (blue)	PCM



National Electoral Commission – Sierra Leone

**MTF 2****PRESIDENTIAL RUN-OFF ELECTION 2018**

MATERIAL TRANSFER FORM BEFORE POLLING from PCM to PO

District Name: <input style="width: 95%;" type="text"/>	Constituency Number: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Polling Centre Name: <input style="width: 95%;" type="text"/>	Ward Number: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Polling Centre Code: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Polling Station Number: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

No.	Item Description	Quantity	Serial Numbers (if available)
1.	Polling Station Kit		
2.	Presidential Run-Off Ballot papers		
3.	Polling Station RV		
4.	Reconciliation and Result Form (RRF)		
5.	Record of Seals Form (RSF)		
6.	Indelible Ink		
5.	Ballot Boxes		
6.	Voting Screens		
7.	Stamps		
8.	<i>Other (please specify)</i>		
9.	<i>Other (please specify)</i>		

Handed over by:

Name, Surname: Signature:

Title: ID Number (if available): Date (DD/MM/YY): / /

Received by:

Name, Surname: Signature:

Title: ID Number (if available): Date (DD/MM/YY): / /



• Original (white)	PCM
• 1st Copy (blue)	PO



National Electoral Commission – Sierra Leone



MTF 3

PRESIDENTIAL RUN-OFF ELECTION 2018

MATERIAL TRANSFER FORM AFTER COUNTING from PO to PCM

District Name:	<input type="text"/>	Constituency Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polling Centre Name:	<input type="text"/>	Ward Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polling Centre Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Polling Station Number:	<input type="text"/>	<input type="text"/>	

	<i>Tick</i>
1. TEE 1	<input type="checkbox"/>
2. TEE 2	<input type="checkbox"/>
3. TEE 3	<input type="checkbox"/>
4. TEE 4	<input type="checkbox"/>
5. TEE 5	<input type="checkbox"/>
6. Ballot Box, Presidential Run-Off	<input type="checkbox"/>
7. Polling Station Kit	<input type="checkbox"/>
8. Voting Screens	<input type="checkbox"/>
9. Other (please specify)	<input type="checkbox"/>
10. Other (please specify)	<input type="checkbox"/>
11. Other (please specify)	<input type="checkbox"/>

Handed over by:	
Name, Surname:	Signature:
Title:	ID Number (if available): Date (DD/MM/YY): / /
Received by:	
Name, Surname:	Signature:
Title:	ID Number (if available): Date (DD/MM/YY): / /





• Original (white)	DO
• 1st Copy (blue)	WC
• 2nd Copy (pink)	PCM



National Electoral Commission – Sierra Leone



MTF 4

PRESIDENTIAL RUN-OFF ELECTION 2018 MATERIAL TRANSFER FORM from PCM to WC to DEO

District Name:	<input type="text"/>	Constituency Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polling Centre Name:	<input type="text"/>	Ward Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polling Centre Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Number of Polling Stations:	<input type="text"/>	<input type="text"/>	

	Number of items
1. TEEs 1	<input type="text"/>
2. TEEs 2	<input type="text"/>
3. TEEs 3	<input type="text"/>
4. TEEs 4	<input type="text"/>
5. TEEs 5	<input type="text"/>
6. TEEs 7	<input type="text"/>
7. Ballot Boxes, Presidential Run-Off	<input type="text"/>
8. Polling Station Kits	<input type="text"/>
9. Polling Centre Kit	<input type="text"/>
10. Voting Screens	<input type="text"/>
11. Other (please specify)	<input type="text"/>
12. Other (please specify)	<input type="text"/>

1st Transfer	Handed over by:
Name, Surname: Signature:	
Title: ID Number (if available): Date (DD/MM/YY): / /	
Received by:	
Name, Surname: Signature:	
Title: ID Number (if available): Date (DD/MM/YY): / /	

2nd Transfer	Handed over by:
Name, Surname: Signature:	
Title: ID Number (if available): Date (DD/MM/YY): / /	
Received by:	
Name, Surname: Signature:	
Title: ID Number (if available): Date (DD/MM/YY): / /	



• Original (white)	DO
• 1st Copy (blue)	WC
• 2nd Copy (pink)	PCM



National Electoral Commission – Sierra Leone

**MTF 5**

PRESIDENTIAL RUN-OFF ELECTION 2018

MATERIAL TRANSFER FORM FOR CONTINGENCY BALLOTS

District Name:	<input style="width: 95%;" type="text"/>	Constituency Number:	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
Polling Centre Name:	<input style="width: 95%;" type="text"/>	Ward Number:	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
Polling Centre Code:	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
		Number of Polling Stations:	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	

Instructions: The Polling Centre Manager to fill the form according to the following time and requirement:

1) IN THE MORNING

Item	Quantity	Tick	Pack Number
Contingency Ballots received	One pack		
	Two packs		

2) DURING THE DAY

In case the Polling Centre Manager issued Contingency ballots, record them in a new MTF 2 and in the PCM/PO journals

Item	Quantity per booklet	Ballot Paper Booklet Number	
Presidential Contingency Ballots issued			

2) END OF THE DAY

a) In case of using the contingency ballots, please fill:

Item	Quantity per booklet	Ballot Paper Booklet Number	
Presidential Contingency Ballots remaining			

b) In case of not using the contingency ballots, please fill:

Item	Quantity	Tick	Pack Number
Contingency Ballots unopened packs	One pack		
	Two packs		

Handed over by:

Name, Surname: Signature:

Title: ID Number (if available): Date (DD/MM/YY): / /

Received by:

Name, Surname: Signature:

Title: ID Number (if available): Date (DD/MM/YY): / /



National Electoral Commission – Sierra Leone



MTF 6

PRESIDENTIAL RUN-OFF ELECTION 2018 MATERIAL TRANSFER FORM

From:	<i>Tick</i>		To:	<i>Tick</i>	
DEO		District Name	RTC		Regional Tally Centre Name

Write the number of the ballot box seals:

S.N.1	<input type="text"/>	S.N.2	<input type="text"/>	S.N.3	<input type="text"/>
	S.N.4	<input type="text"/>	S.N.5	<input type="text"/>	

#	Polling Centre Number	Polling Station Number	Tick
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

#	Polling Centre Number	Polling Station Number	Tick
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			
37.			
38.			
39.			
40.			
41.			
42.			
43.			
44.			
45.			
46.			
47.			
48.			
49.			
50.			

<p>Handed over by: Name, Surname: Signature: Title: ID Number (if available): Date (DD/MM/YY): / /</p>
<p>Received by: Name, Surname: Signature: Title: ID Number (if available): Date (DD/MM/YY): / /</p>