**Elections** ACT Application to be a Candidate for a Casual Vacancy in the ACT Legislative Assembly ACT Electoral Commissioner, 48-56 Allara Street, Canberra City PO Box 272 Civic Square ACT 2608 Email: elections@act.gov.au Phone: 6205 0033 Fax: 6205 0382 Website: www.elections.act.gov.au This application must be completed and lodged with the Commissioner at the above address by noon, [insert closing date]. Candidate To the Electoral Commissioner I hereby apply to be a candidate for the casual vacancy in the electorate of [insert name of electorate of former MLA] caused by the resignation of [insert name of former MLA] MLA. I state that I consent to be a Member of the Legislative Assembly if elected. I declare that I am a person eligible to contest this casual vacancy. Full name of candidate: Residential address\* of candidate: Signature of candidate: Date: 1 1 \*Where a candidate's address is suppressed from the electoral roll, this form should not show that address, but in that case the candidate must notify the Commissioner in writing of a correspondence address for the candidate. Witness I am an elector on the Australian Capital Territory electoral roll. I saw the applicant sign this form. I am satisfied as to the identity of the applicant and that all the statements in it are true. Full name of witness: Enrolled address of witness: Signature of witness: Contact details for candidate The person named as contact officer should be someone who can readily relay information to the candidate. Name of contact officer: Email: Contact numbers: Work Home Fax Office use only Date received: Time received: 1 1 am/pm Signature: ACTEF 007 (12/00) - G:\ec\1.1ElectionsACTLA\Casual Vacancies\ApplicationFormBlank.doc

Authorised by the ACT Parliamentary Counsel-also accessible at www.legislation.act.gov.au