

Australian Capital Territory

## **Electoral – Approval of form – Application to be a candidate for a casual vacancy 2003**

**Approved form AF2003 — 2**

made under the

*Electoral Act 1992*, s 340A (Approved forms)

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I hereby approve the attached casual vacancy application form for the purposes of section 192 of the *Electoral Act 1992*.

Phillip Green  
Electoral Commissioner  
14 January 2003

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

Phone: 6205 0033

Fax: 6205 0382

Email: [elections@act.gov.au](mailto:elections@act.gov.au)

Website: [www.elections.act.gov.au](http://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 electorate name] 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:

 /  / 

\*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:

 am/pm

Signature: