



Nomination of a candidate or candidates by a registered political party*

ACT Legislative Assembly

*"Registered" means registered under the *Electoral Act 1992* (ACT)

Note: Giving false or misleading information is a serious offence

Nomination by Registered officer

To: the Electoral Commissioner

I,

(Name of Registered officer)

of

(Name of registered party)

hereby nominate the person or persons named on this form as a candidate or candidates for election to the ACT Legislative Assembly for the electorate of:

(Tick one box only)

Brindabella:

Ginninderra:

Kurrajong:

Murrumbidgee:

Yerrabi:

The party name to be printed on the ballot paper: (Tick one box only)

The registered name:

The registered abbreviation:

Signature of registered officer
or deputy registered officer:

Date:

Contact details for candidates

The person named as contact officer should be someone who can readily relay information to the candidates

Name of contact officer:

Phone (H):

Phone (W):

Phone (M):

Email:

Note: All details on this form will be publicly available. If the contact officer does not want to make any of the above details publicly available, please advise the Commissioner in writing of these details on a separate sheet.

Office use only

Date received:

Time:

Deposit received? Yes

No

Received by:

Signed:

(12/23)

ACT Electoral Commission

Candidates to complete this section

Candidate 1

I, THE CANDIDATE NAMED BELOW, STATE THAT:

- I am an Australian citizen
- I am at least 18 years of age
- I am an elector or qualified to be an elector

AND I DECLARE THAT:

- I am eligible to be nominated for election*
- I consent to this nomination for election and to be a Member of the ACT Legislative Assembly if elected.

Surname:

Given names in full:

Given name(s) to be printed on the ballot paper:

Residential address **:

Email address (optional):

Occupation:

Signature:

To candidate To Registered Officer

In cases where the deposit is to be refunded, indicate to whom
(Tick one box only)

* For information on candidate eligibility criteria see the candidate information handbook available at www.elections.act.gov.au/elections_and_voting/candidate_information.

** Note: All details on this form will be publicly available. Where a candidate's address is suppressed on the electoral roll, this form should not show that address.

Candidate 2

I, THE CANDIDATE NAMED BELOW, STATE THAT:

- I am an Australian citizen
- I am at least 18 years of age
- I am an elector or qualified to be an elector

AND I DECLARE THAT:

- I am eligible to be nominated for election*
- I consent to this nomination for election and to be a Member of the ACT Legislative Assembly if elected.

Surname:

Given names in full:

Given name(s) to be printed on the ballot paper:

Residential address **:

Email address (optional):

Occupation:

Signature:

To candidate To Registered Officer

In cases where the deposit is to be refunded, indicate to whom
(Tick one box only)

* For information on candidate eligibility criteria see the candidate information handbook available at www.elections.act.gov.au/elections_and_voting/candidate_information.

** Note: All details on this form will be publicly available. Where a candidate's address is suppressed on the electoral roll, this form should not show that address.

Candidate 3

I, THE CANDIDATE NAMED BELOW, STATE THAT:

- I am an Australian citizen
- I am at least 18 years of age
- I am an elector or qualified to be an elector

AND I DECLARE THAT:

- I am eligible to be nominated for election*
- I consent to this nomination for election and to be a Member of the ACT Legislative Assembly if elected.

Surname:

Given names in full:

Given name(s) to be printed on the ballot paper:

Residential address **::

Email address (optional):

Occupation:

Signature:

To candidate To Registered Officer

In cases where the deposit is
to be refunded, indicate to whom
(Tick one box only)

* For information on candidate eligibility criteria see the candidate information handbook available at www.elections.act.gov.au/elections_and_voting/candidate_in_formation.

** Note: All details on this form will be publicly available. Where a candidate's address is suppressed on the electoral roll, this form should not show that address

Candidate 4

I, THE CANDIDATE NAMED BELOW, STATE THAT:

- I am an Australian citizen
- I am at least 18 years of age
- I am an elector or qualified to be an elector

AND I DECLARE THAT:

- I am eligible to be nominated for election*
- I consent to this nomination for election and to be a Member of the ACT Legislative Assembly if elected.

Surname:

Given names in full:

Given name(s) to be printed on the ballot paper:

Residential address **::

Email address (optional):

Occupation:

Signature:

To candidate To Registered Officer

In cases where the deposit is
to be refunded, indicate to whom
(Tick one box only)

* For information on candidate eligibility criteria see the candidate information handbook available at www.elections.act.gov.au/elections_and_voting/candidate_in_formation.

** Note: All details on this form will be publicly available. Where a candidate's address is suppressed on the electoral roll, this form should not show that address

Candidate 5

I, THE CANDIDATE NAMED BELOW, STATE THAT:

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- I am at least 18 years of age
- I am an elector or qualified to be an elector

AND I DECLARE THAT:

- I am eligible to be nominated for election*
- I consent to this nomination for election and to be a Member of the ACT Legislative Assembly if elected.

Surname:

Given names in full:

Given name(s) to be printed on the ballot paper:

Residential address **::

Email address (optional):

Occupation:

Signature:

To candidate To Registered Officer

In cases where the deposit is
to be refunded, indicate to whom
(Tick one box only)

* For information on candidate eligibility criteria see the candidate information handbook available at www.elections.act.gov.au/elections_and_voting/candidate_information.

** Note: All details on this form will be publicly available.
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