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| Application to change register of political parties  for ACT Legislative Assembly elections | | | | | | |
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| *ACT Electoral Commission contact details* | | | If you want to: |  | Complete: | |
| Email: | [elections@act.gov.au](mailto:elections@act.gov.au) | | Change the name of the party | g | A, B & I | |
| Postal address: | GPO Box 172  Canberra ACT 2601 | | Change the abbreviation of the party name | g | A, C & I | |
| Register an abbreviation of the party name | g | A, D & I | |
| Physical address: | Nara Centre, 3 Constitution Ave  CANBERRA ACT 2601 | | Change the name of the registered officer | g | A, E, F & I | |
| Change the address of the registered officer | g | A, F & I | |
| Phone: | 02 6205 0033 | | Change the name of the secretary | g | A, G, H & I | |
| Website: | www.elections.act.gov.au | | Change the address of the secretary | g | A, H & I | |
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| Section A – Current name of the party | | | | | | |
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| Name of party: | |  | | | |  | |
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| Address for party correspondence: | |  | | | |  | |
| Postcode: | | | |
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| Section B – Application to change the name of the party | | | | | | |
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| Proposed new party name: | |  | | | |  | |
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| Note: if the party’s name or abbreviation is to include the name of a particular living person, and that name or abbreviation suggests there is a connection between the party and the person, this application must be accompanied by a written notice signed by the person, stating that the person consents to the use of their name in the party’s name/abbreviation and must include the person’s address or indicate that their address is suppressed. | | | | | | |
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| Section C – Application to change the abbreviation of the party | | | | | | |
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| Proposed new party abbreviation: | |  | | | |  | |
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| Note: if the party’s name or abbreviation is to include the name of a particular living person, and that name or abbreviation suggests there is a connection between the party and the person, this application must be accompanied by a written notice signed by the person, stating that the person consents to the use of their name in the party’s name/abbreviation and must include the person’s address or indicate that their address is suppressed. | | | | | | |
| Section D – Application to enter an abbreviation of the party | | | | | | |
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| Proposed party abbreviation: | |  | | | |  | |
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| Note: if the party’s name or abbreviation is to include the name of a particular living person, and that name or abbreviation suggests there is a connection between the party and the person, this application must be accompanied by a written notice signed by the person, stating that the person consents to the use of their name in the party’s name/abbreviation and must include the person’s address or indicate that their address is suppressed. | | | | | | |
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| Section E – Application to change the name of the registered officer | | | | | | |
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| Name of the proposed new registered officer: | | |  | | |  | |
|  | | | | | | |
| Signature of the proposed new registered officer: | | | /       / | | |  | |
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| Note: the registered officer of a political party must be qualified to be an elector in the ACT. | | | | | | |
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| Section F – Application to change the address of the registered officer | | | | | | |
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| Address of the registered officer  Address can be residential or business, or the party’s address, but cannot be a PO Box: | | |  | | |  | |
| Postcode: | | |
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| Contact phone: | | |  | | |  | |
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| Section G – Application to change the name of the secretary | | | | | | |
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| Name of the proposed new party secretary: | | |  | | |  | |
| **Proof that the change of secretary has occurred as prescribed by the party’s constitution must be provided with this form.** | | | | | | |
| Signature of the proposed new party secretary: | | | /       / | | |  | |
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| Section H – Application to change the address of the secretary | | | | |
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| Address of the secretary  Address can be residential or business, or the party’s address, but cannot be a PO Box: |  | | |  |
| Postcode: | | |
|  | | | | |
| Contact phone: |  | | |  |
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| Section I – Secretary of party to complete | | | | |
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| I hereby apply to change the details in section(s) | |  | above. | |
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| Full name: |  | | |  |
|  | | | | |
| Formal title of position held in party: |  | | |  |
|  | | | | |
| Contact phone: |  | | |  |
|  | | | | |
| Signature: | /       / | | |  |
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