



# Nomination of a Non-Party Candidate ACT Legislative Assembly

## Nomination by Twenty Electors

To: The Electoral Commissioner

We, electors listed on the following pages and entitled to vote at the election of members of the ACT Legislative Assembly for the following electorate, hereby nominate the person named on this form as a candidate for election for the electorate of:

(Tick one box only)

Brindabella:

Ginninderra:

Molonglo:

## Candidate

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 Legislative Assembly if elected.

### For ungrouped candidates only

The word 'independent' is to be printed on the ballot paper next to my name:  
 Yes:  No:

Surname:

Given names in full:

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

Signature:

Date:

 / /

Residential address \*:

Occupation:

\* Note all details on this form will be publicly available. 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.

## 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:

Phone (H):

Phone (W):

Phone (Mob):

Fax:

Email:

## Office use only

Date received:

 / /

Time:

 am/pm

Deposit received?

Yes

No

Received by:

Signed:

<b>Nominator 1</b>	
Surname:	<input type="text"/>
Given names:	<input type="text"/>
Residential address for which enrolled:	<input type="text"/> <input type="text"/>
Date of Birth:	<input type="text"/>
Signature:	Date: <input type="text"/>

<b>Nominator 2</b>	
Surname:	<input type="text"/>
Given names:	<input type="text"/>
Residential address for which enrolled:	<input type="text"/> <input type="text"/>
Date of Birth:	<input type="text"/>
Signature:	Date: <input type="text"/>

<b>Nominator 3</b>	
Surname:	<input type="text"/>
Given names:	<input type="text"/>
Residential address for which enrolled:	<input type="text"/> <input type="text"/>
Date of Birth:	<input type="text"/>
Signature:	Date: <input type="text"/>

<b>Nominator 4</b>	
Surname:	<input type="text"/>
Given names:	<input type="text"/>
Residential address for which enrolled:	<input type="text"/> <input type="text"/>
Date of Birth:	<input type="text"/>
Signature:	Date: <input type="text"/>

<b>Nominator 5</b>	
Surname:	<input type="text"/>
Given names:	<input type="text"/>
Residential address for which enrolled:	<input type="text"/> <input type="text"/>
Date of Birth:	<input type="text"/>
Signature:	Date: <input type="text"/>

<b>Nominator 6</b>	
Surname:	<input type="text"/>
Given names:	<input type="text"/>
Residential address for which enrolled:	<input type="text"/> <input type="text"/>
Date of Birth:	<input type="text"/>
Signature:	Date: <input type="text"/>

<b>Nominator 7</b>	
Surname:	<input type="text"/>
Given names:	<input type="text"/>
Residential address for which enrolled:	<input type="text"/> <input type="text"/>
Date of Birth:	<input type="text"/>
Signature:	Date: <input type="text"/>

<b>Nominator 8</b>	
Surname:	<input type="text"/>
Given names:	<input type="text"/>
Residential address for which enrolled:	<input type="text"/> <input type="text"/>
Date of Birth:	<input type="text"/>
Signature:	Date: <input type="text"/>

**Nominator 9**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 11**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 13**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 15**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 10**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 12**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 14**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 16**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 17**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 19**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator (extra)**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator (extra)**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 18**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 20**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator (extra)**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator (extra)**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /