	CT ELECTORAL COMMISSION OFFICERS
	non-party candidate
ACT Legis	lative Assembly
Nomination	n by twenty electors
To: The Electoral Commissioner	
	o vote at the election of members of the ACT Legislative Assembly for med on this form as a candidate for election for the electorate of:
(Tick one box only) Brindabella:	Ginninderra:
Kurrajong:	Murrumbidgee: Yerrabi:
	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 	The word 'Independent' is to be printed
AND I DECLARE THAT:	on the ballot paper next to my name:
 I am eligible to be nominated for election* I consent to this nomination for election and to be a 	Yes: No:
Member of the ACT Legislative Assembly if elected.	
Surname:	Residential address:**
Given names in full:	
Given name(s) to be printed on the ballot paper:	Occupation:
Given name(s) to be printed on the ballot paper.	
Signature: Date:	
	Note: Giving false or misleading information is a serious offence.
Candidate	Other (Please specify name and contact details)
In cases where the deposit is required to be refunded, indicate to whom:	
* For information on candidate eligibility criteria see the candidate	ate information handbook available at
www.elections.act.gov.au/elections_and_voting/candidate_info	rmation
show that address. In the case of a suppressed address the candid	candidate's address is suppressed from the electoral roll, this form should not late must notify the Commissioner in writing of a correspondence address.
Contact de	etails for candidate
The person named as contact officer should be so	meone who can readily relay information to the candidate
Name of contact officer:	
Phone (H): Phone (W):	Phone (M):
Email:	
	t officer does not want to make any of the above details publicly available, please advis
the Commissioner in writing of these details on a separate sheet.	
0	ffice use only
Date received: / / T	am/pm Deposit received? Yes No
Received by:	Signed:
(6/20)	ACT Electoral Commission

This is Approved Form AF2020-87 approved by Damian Cantwell AM, Electoral Commissioner, on 14 August 2020 under section 340A of the *Electoral Act 1992*. This form revokes the approved form AF2008-106.

Nominator 1		Nominator 2	
Surname:		Surname:	
Given names:		Given names:	
Residential address for which enrolled:		Residential address for which enrolled:	
Date of Birth:		Date of Birth:	
Signature:	Date:	Signature:	Date:
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Nominator 3		Nominator 4	
Surname:		Surname:	
Given names:		Given names:	
Residential address for which enrolled:		Residential address for which enrolled:	
Date of Birth:		Date of Birth:	
Signature:	Date:	Signature:	Date:
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Nominator 5		Nominator 6	
Surname:		Surname:	
Given names:]	Given names:	
Residential address for which enrolled:]	Residential address for which enrolled:	
Date of Birth:		Date of Birth:	
Signature:	Date:	Signature:	Date:
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Surname:		Surname:	
Given names:		Given names:	
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Surname:		Surname:	
Given names:		Given names:	
Residential address for which enrolled:		Residential address for which enrolled:	
Date of Birth:		Date of Birth:	
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Nominator 19		Nominator 20	
Surname:		Surname:	
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Given names:		Given names:	
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Given names:		Given names:	
Residential address for which enrolled:		Residential address for which enrolled:	
Date of Birth:		Date of Birth:	
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Signature:	Date:	Signature:	Date:
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Date of Birth:		Date of Birth:	
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Signature:	Date:	Signature:	Date:
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Nominator (extra) Surname:		Nominator (extra) Surname:	
Given names:		Given names:	
Residential address for which enrolled:		Residential address for which enrolled:	
Date of Birth:		Date of Birth:	
Signature:	Date:	Signature:	Date:
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