

PLEASE PRINT IN BLOCK LETTERS

FULL NAME OF APPLICANT TO BE A REGISTERED CANDIDATE
ELECTORAL DISTRICT
PARTY AFFILIATION (if any)
RESIDENTIAL ADDRESS
TELEPHONE NUMBERS
E-MAIL

**OFFICIAL AGENT**

NAME
RESIDENTIAL ADDRESS
TELEPHONE NUMBERS
E-MAIL

**AUDITOR** (Note: an Auditor does not need to be appointed, but if the Annual Statement of Political Contributions shows contributions in excess of \$5,000, the statement must be audited prior to filing it with the Chief Electoral Officer. The auditor must be an individual)

NAME
MAILING ADDRESS
TELEPHONE NUMBERS
E-MAIL

I DECLARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT THE INFORMATION CONTAINED IN THIS FORM IS COMPLETE, TRUE AND CORRECT AND IS IN COMPLIANCE WITH THE *ELECTIONS ACT*.

DATE	SIGNATURE OF APPLICANT TO BE REGISTERED CANDIDATE
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**ELECTIONS NOVA SCOTIA OFFICE USE ONLY**

CONFIRMATION OF CANDIDATE REGISTRATION OFFICE OF THE CHIEF ELECTORAL OFFICER	EFFECTIVE DATE OF REGISTRATION
APPROVED DATE	CHIEF ELECTORAL OFFICER