

(Please print)

Electoral District Association \_\_\_\_\_ Date \_\_\_\_\_

Full Name of Registered Party \_\_\_\_\_

**Names of two (2) Principal Officers**

Name	Residential Address	Telephone #s	e-mail

**Official Agent(s)**

Name	Residential Address	Telephone #s	e-mail

**Financial Institution to be used as depository for contributions**

Institution and Branch location \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Account Number \_\_\_\_\_

Location of books and records \_\_\_\_\_

**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, then the statement must be audited prior to filing with the Chief Electoral Officer.*

Name	Address	Telephone #s	e-mail

Please find the Balance Sheet attached, dated within 60 days of this application.

*I, the undersigned Official Agent, hereby file with the Chief Electoral Officer a completed Form 4, Financial Statements and Supporting Schedules, along with an Auditor's Report from an independent public accountant, if necessary, in compliance with the Elections Act.*

Date \_\_\_\_\_ Signed by the Official Agent \_\_\_\_\_

Print Name of Leader \_\_\_\_\_ Signed by the Leader of a registered party \_\_\_\_\_

**Certificate of Acceptance of Registration of Electoral District Association Registration Form**

*I, the undersigned, in my capacity as Chief Electoral Officer (CEO) for the Province of Nova Scotia, approve the registration of the Electoral District Association detailed in this form.*

Effective Date \_\_\_\_\_ Signature of CEO \_\_\_\_\_