

PLEASE PRINT IN BLOCK LETTERS

FOR RETURNING OFFICE USE ONLY

RECEIVED ON _____ (DATE) _____ (TIME) BY _____

SIGNATURE OF RETURNING OFFICER

Part A: Candidate Information**1. ELECTORAL DISTRICT****2. LEGAL NAME (FIRST NAME, MIDDLE NAME, SURNAME)****3. NAME AS I WISH IT TO APPEAR ON THE BALLOT** *first name, middle initial (if requested), surname, Nicknames must be inside round brackets e.g. (Skipper)***4. REGISTERED PARTY ENDORSING THE CANDIDATE** *indicate Independent if no party***I, the undersigned:**

- declare that I am qualified to be a candidate pursuant to Section 63 of the *Elections Act*,
I am a Canadian citizen, I am 18 years of age or older on election day, I have been a resident of Nova Scotia for six months immediately preceding the date of the writ and I am not disqualified or ineligible under this Act, the *House of Assembly Act* or any other Act to be a candidate or member of the House of Assembly.
- wish my name to appear on the ballot as set out in Box 3,
- have attached the name, address and signatures of a minimum of 5 eligible electors in this electoral district who hereby nominate me as a candidate,
- do hereby consent to the registered party endorsement (if applicable) as stated in Box 4,
- declare the following information to be true:

5. CANDIDATE'S RESIDENTIAL ADDRESS *e.g.: 123 Main St., Bible Hill B0P 1E0***6. CANDIDATE'S MAILING ADDRESS** *if different from Box 5***7. CANDIDATE'S NOVA SCOTIA ADDRESS WHERE LEGAL DOCUMENTS CAN BE SERVED** *pursuant to s.65(1)(a)(v) of the Elections Act (not a temporary campaign office or a P.O. Box number or R.R. number).***8. CANDIDATE'S CONTACT INFORMATION**

HOME PHONE	EMAIL	FAX
BUSINESS PHONE	MOBILE PHONE	

9. DATE**10. SIGNATURE** *of person nominated as a candidate or individual authorized in writing by the candidate Part D*

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Part B: Official Agent and Auditor

11. NAME OF OFFICIAL AGENT

12. OFFICIAL AGENT'S RESIDENTIAL ADDRESS

13. OFFICIAL AGENT'S MAILING ADDRESS *Official Agent's Mailing Address if different from Box 12 above*14. ADDRESS *where legal documents can be served (pursuant to Section 65(1)(a)(v) of the Elections Act, if different than lines 5 or 12, not a temporary campaign office or a P.O. Box number or a R.R. number)*

15. OFFICIAL AGENT CONTACT INFORMATION

HOME PHONE

EMAIL

FAX

BUSINESS PHONE

MOBILE PHONE

16. AUDITOR'S NAME

17. AUDITOR'S MAILING ADDRESS

18. AUDITOR'S CONTACT INFORMATION

HOME PHONE

EMAIL

FAX

BUSINESS PHONE

MOBILE PHONE

19. DATE

20. SIGNATURE *of person nominated as a candidate or individual authorized in writing by the candidate Part D*

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Part C: Nominators of Candidate

Oath of Nominator I, the undersigned, am 18 years of age or older, a Canadian citizen, in the above named electoral district and have lived in Nova Scotia for six months immediately preceding the date the writ of election was issued, nominate: <i>(print the Candidate's name)</i> _____ as a candidate for election in this electoral district		Oath of Attesting Witness I, the undersigned, declare that I know the qualified elector who signed this nomination form in my presence			
Date <i>(must be after notice of election)</i>	Nominator Name <i>(print) First Last</i>	Signature of Nominator	Residential address	Attesting Witness Name <i>(print) First Last</i>	Signature of Attesting Witness
Ex. (2016/05/17)	Jim Smith	Jim Smith	123 Main St., Bible Hill, NS B4A 5G7	Barry Moore	Barry Moore
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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Part D: Candidate Declaration

I, _____ nominated
in the forgoing nomination form consent to the nomination for the electoral district of

_____ and state that:

1. I am qualified to be a candidate within the meaning of Section 63 of the *Elections Act*
I am a Canadian citizen, I am 18 years of age or older on election day, I have been a resident of Nova Scotia for six months immediately preceding the date of the writ and I am not disqualified or ineligible under this Act, the House of Assembly Act or any other Act to be a candidate or member of the House of Assembly.

I HAVE SIGNED AT	DATE
CANDIDATE'S SIGNATURE	
WITNESS' NAME (print)	
WITNESS SIGNATURE	

This section is optional
**Candidate's Authorization to Assign
Nomination Form Submission**

I, the undersigned candidate, hereby assign the following individual to complete and present all nomination documents including the nomination deposit, on my behalf.

NAME OF AUTHORIZED PERSON (print)

NAME OF CANDIDATE (print)

NAME OF ELECTORAL DISTRICT ASSOCIATION (print)

SIGNATURE OF CANDIDATE	DATE
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Part E: Registered Party Candidacy Endorsement (Provide letter of endorsement)

(Letterhead of Registered Party)

Sample Letter

Month Day, Year

To the Returning Officer in the electoral district of _____

This letter confirms that _____ is the endorsed candidate
representing

the _____ Party

in the election to be held on

Tuesday, Month Day, Year

Name

Leader

Registered Party

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Part F:

The deposit of \$200.00 must be remitted with the nomination documents: either legal tender, certified cheque or money order

Part G: Receipt of Deposit To be completed after Nomination Form is accepted by Returning Officer

Received from (candidate's name) _____

The sum of \$200.00 in (please check box)

legal tender or certified cheque or money order

for that amount made payable to the Minister of Finance as a deposit pursuant to Section 65(2)(b) of the *Elections Act*.

DATED AT _____, this _____ day of _____ 20_____

RETURNING OFFICER'S SIGNATURE	DATE
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Distribution:

Original ENS

Copy Candidate

Copy RO

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Part H: Certificate of Acceptance of Nomination Form

TO BE COMPLETED AFTER NOMINATION FORM IS VERIFIED BY RETURNING OFFICER

I, the undersigned, in my capacity as Returning Officer for the electoral district of

issue this certificate, pursuant to Section 67(2)(a) of the *Elections Act*, accepting the nomination form nominating (name of candidate)

and confirming that they are a candidate in the election of a Member of the Legislative Assembly for the electoral district named.

RETURNING OFFICER'S SIGNATURE

DATE

Distribution:

Original ENS
Copy Candidate
Copy RO

After this form is signed and dated by the returning officer, the candidate shall be issued tax receipts for contributions received after this date

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Part I: Notice of Refusal to Accept Nomination Form

TO BE COMPLETED AFTER NOMINATION FORM IS VERIFIED BY RETURNING OFFICER IF ERRORS OR OMISSIONS HAVE BEEN FOUND

I, the undersigned, in my capacity as Returning Officer for the electoral district of

Give notice, pursuant to Section 67(2)(b) of the *Elections Act*, that I refuse to accept the nomination form filed for (name of candidate):

The nomination form has been refused for the reason(s) listed below:

A corrected or replaced nomination form will be accepted up to 2:00pm on the day of the close of nominations.

TIME	DATE
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RETURNING OFFICER'S SIGNATURE

Distribution:
Original ENS
Copy Candidate
Copy RO

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Part J: Withdrawal of Candidate Nomination (Section 72(1) of the *Elections Act*)

TO BE COMPLETED BEFORE THE CLOSE OF NOMINATIONS AND FILED WITH THE RETURNING OFFICER

In accordance with Section 72 of the *Elections Act*, I, the undersigned, wish to withdraw as a candidate in the electoral district of

I understand that my nomination deposit has been forfeited.

PRINT NAME

SIGNED BY

DATE

WITNESSED BY

DATE

THE WITNESS MUST BE OF THE AGE OF MAJORITY.

Part K: Notice of Withdrawal of Candidate Nomination (Section 72(5) of the *Elections Act*)

As the Chief Electoral Officer for the province of Nova Scotia, I hereby notify the electors that the following candidate

has withdrawn their Nomination: _____

EFFECTIVE DATE

SIGNED

DATE

TO BE PUBLISHED IN THE ELECTORAL DISTRICT AND POSTED ON THE ELECTIONS NOVA SCOTIA WEBSITE

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Part L: Selection of Electoral District for Registration (Section 38(2) of the *Elections Act*)

38(2) A candidate at a general election, and any spouse of the candidate who lives with the candidate and is qualified as an elector, may have their names entered on the list of electors for either

- (a) the polling division in which the candidate resides or
- (b) any polling division in the electoral district in which the candidate is running.

CANDIDATE Full Name _____

- I choose to have my name on the list of electors where I reside
- I choose to have my name entered on the list of electors in polling division _____ in the electoral district where I am a candidate

I acknowledge that my name will be maintained in the district where I live on the permanent list of electors

Signed _____ Date _____

SPOUSE Full Name _____

- I choose to have my name on the list of electors where I reside
- I choose to have my name entered on the list of electors in the polling division and electoral district chosen above where my spouse is a candidate

I acknowledge that my name will be maintained in the district where I live on the permanent list of electors

Signed _____ Date _____

Returning officer's signature _____ Date _____