

Please print in **BLOCK LETTERS**

**Part A: Candidate Information**

**For Returning Office use only**

Received on \_\_\_\_\_ (Date) \_\_\_\_\_ (Time) by \_\_\_\_\_

Signature of Returning Officer

**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

Mobile Phone

Fax

Business Phone

Email

**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**

<b>11. Name of Official Agent</b>		
<b>12. Official Agent's Residential Address</b>		
<b>13. Official Agent's Mailing Address</b> Official Agent's Mailing Address (if different from Box 12 above)		
<b>14. Address</b> where legal documents can be served (pursuant to Section 65(1)(a)(v) of the <i>Elections Act</i> , if different than lines 5 or 12, not a temporary campaign office or a P.O. Box number or a R.R. number)		
<b>15. Official Agent Contact Information</b>		
Home Phone	Mobile Phone	Fax
Business Phone	Email	
<b>16. Auditor's Name*</b>		
<b>17. Auditor's Mailing Address</b>		
<b>18. Auditor's Contact Information</b>		
Home Phone	Mobile Phone	Fax
Business Phone	Email	
<b>19. Date</b>		
<b>20. Signature</b> of person nominated as a candidate or individual authorized in writing by the candidate Part D		

\* Must be the name of an individual Chartered Professional Accountant, who is a registered member of CPA of Nova Scotia and authorized to conduct audits. Cannot be a business name.

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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:

(print the Candidate's name) \_\_\_\_\_

(print electoral district) \_\_\_\_\_

**Oath of Attesting Witness**

I, the undersigned, declare that I know the qualified elector who signed this nomination form in my presence.

	<b>Date</b> (must be after notice of election)	<b>Nominator Name (print) First Last</b>	<b>Signature of Nominator</b>	<b>Residential address</b>	<b>Attesting Witness Name (print) First Last</b>	<b>Signature of Attesting Witness</b>
<b>Ex.</b>	(2020/01/01)	<b>Jim Smith</b>	<i>Jim Smith</i>	<b>123 Main St., Bible Hill, NS B4A 5G7</b>	<b>Barry Moore</b>	<b>Barry Moore</b>
1						
2						
3						
4						
5						
6						
7						
8						
9						

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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:

- 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**

- Under Section 166(e) (ja) of the *Elections Act*, I may claim for additional expenses related to childcare, spousal care, eldercare or disability.

**The following 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)**

If a party letter has been filed with the registration form prior to the writ, this may be used. Otherwise, the date on the party letter must be after the writ is issued.

**Sample Letter**

(Letterhead of Registered Party)

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: Deposit**

The deposit of \$200.00 must be remitted with the nomination documents as required in s.65(2)(b) of the *Elections Act*.

**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)

Certified cheque     Money order     Legal tender

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

**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

<p>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 <i>Elections Act</i>, 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.</p>	
<p><b>Returning Officer's Signature</b></p>	<p><b>Date</b></p>

After this form is signed by the returning officer, the candidate shall be issued with tax receipts for contributions.

- Official Agents of Candidates registered on writ day may issue tax receipts for all contributions from writ to close of polls on election day.
- Official Agents of Candidates who were not registered before the acceptance of the nomination form, may issue tax receipts for contributions received from that date until close of polls on election day.

**Distribution:**

Original ENS  
Copy Candidate  
Copy RO

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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.

<b>Time</b>	<b>Date</b>
-------------	-------------

**Returning Officer's Signature**

  
  
  

**Distribution:**  
 Original ENS  
 Copy Candidate  
 Copy RO



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**Part J: Withdrawal of Candidate Nomination (Sections 72 (1) and 72A(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:

Electoral District \_\_\_\_\_

(Print Candidate Name) \_\_\_\_\_

(Signature) \_\_\_\_\_

I understand that my nomination deposit has been forfeited.

**Returning Officer's Name** (print)

**Returning Officer's Signature**

**Date**

**Witness' Signature**

**Date**

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**Part K: Notice of Withdrawal of Candidate Nomination (Section 72(5) and 72A(2)(1) of the *Elections Act*)**

<p>As the Chief Electoral Officer for the province of Nova Scotia, I hereby notify the electors that the following candidate has withdrawn their Nomination _____</p>	
<p><b>Effective Date</b></p>	
<p><b>Signed</b></p>	<p><b>Date</b></p>

A Notice of Change to Candidate Status will be issued by each Returning Officer in their district as directed by the CEO.

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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 or by-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 polling division and electoral district 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 \_\_\_\_\_