

Fact Sheet

Candidate Name Appearance Policy (CNAP)

What is the CNAP?

During electoral events in Nova Scotia, prospective candidates have the option to request how their name will appear on the ballot, in order to allow them to identify themselves to voters the way that they are known most often. The CNAP provides clear guidance on how prospective candidates can request the use of a usual or single name that is different from their legal name.

How Can my Name Appear on the Ballot?

- Candidate names will appear alphabetically by surname or single name as provided in the "Name as I Wish it to Appear on the Ballot" field of the Candidate Nomination form (F105).
- Any dialectical marks, accents, or other punctuations that are usually found in English or French will appear where they are part of a candidate's name(s).
- Surnames and single names will appear on the ballot in capital letters, and lowercase letters will only appear on the ballot as part of a candidate's first and middle name (if applicable).
- No occupation, credentials, salutations, adjectives, descriptive words, or phrase, title, honour, decoration, degree or quotation marks are permitted with a candidate's name on the ballot.
- If the prospective candidate wishes, they can request to use a usual name, an abbreviation, a usual form of their name, or a single name instead of their legal name(s).
- In the case of a usual or single name, the prospective candidate is required to submit evidence supporting use of said name to the returning officer. The CNAP outlines what evidence is acceptable to support the use of a usual or single name.

In the Case of Similar or Identical Candidate Names

• If there are two candidates in the same electoral district with names that are so similar or identical that it might create confusion on the ballot, the CEO will consult with the two candidates in question to determine how their names will appear on the ballot.

References: For more information or to view the policy, visit: Electionsnovascotia.ca

Contact: Questions regarding the CNAP should be directed to Elections Nova Scotia:

902-424-8584 1-800-565-1504 (Toll free) 902-424-7475 (TTY) 1-866-774-7074 (Toll Free TTY)

Please see the frequently asked questions and the example of the Candidate Nomination form (F105) included with this fact sheet.



Frequently Asked Questions

Candidate Name Appearance Policy (CNAP)

Question: What is the deadline for choosing how my name will appear on the ballot? **Answer**: The deadline for choosing how your name will appear on the ballot is the same as the deadline for submitting your Candidate Nomination form (F105).

Question: Can I have eligible voters from my electoral district attest to usage of my usual or single name as a form of evidence? **Answer:** Yes.

Question: There are accents in my name, will they appear on the ballot? **Answer**: Yes, accents regularly found in English or French will appear in your name on the ballot if they are included in the "Name as I Wish it to Appear on the Ballot" field of your Candidate Nomination form (F105).

Question: Can I change how my name will appear on the ballot after the nomination period closes?

Answer: No, you must indicate how you wish your name to appear on the ballot before the close of nominations. If you have a name so similar or identical to another candidate in your electoral district that it could cause confusion to electors, then the CEO will consult with you and said other candidate to determine how both your names will appear on the ballot.

Question: What types of evidence will be accepted as proof of a usual form of surname or single name?

Answer: The following is a list of examples of evidence that will be accepted as proof of a usual form of surname or single name. This list is not exhaustive and is meant as a guide to demonstrate the wide variety of evidence that will be accepted by Elections Nova Scotia.

- Newspaper/Magazine articles
- Campaign signage/flyers/promotional material
- Education certificates/diplomas
- Union card/professional license
- Debit/Credit cards
- Professional or political social media accounts
- Membership cards/passes
- Radio or TV interviews
- Professional ID badges/Employee cards
- Professional or political websites
- Invoices/bills/financial statements



Candidate Nomination | Form 105

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(DATE)	
(DATE)	_ (TIME) BY

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 BOP 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		

9. DATE

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



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	I		
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 of	or individual authorized in writing by the candidate Part D		

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Part C: Nominators of Candidate

Oath o I, the L in Nov	Oath of Nominator I, the undersigned, am 18 y in Nova Scotia for six mont	years of age or older, a Canadia ths immediately preceding the d	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 th</i> e <i>Candidate's name</i>)	I district and have lived ninate: (<i>print th</i> e Candidate's name)	Oath of Attesting Witness I, the undersigned, declare that I know the qualified elector who signed this nomination form in my presence	the qualified elector who ence
as a c	andidate for election	as a candidate for election in this electoral district				
	Date (must be after notice of election)	Nominator Name (print) First Last	Signature of Nominator	Residential address	Attesting Witness Name (print) First Last	Signature of Attesting Witness
Ex.	(2016/05/17)	Jim Smith	Sim Smith	123 Main St., Bible Hill, NS B4A 5G7	Barry Moore	Barry Moore
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I,	nominate
in the forgoing nomination form consent to the nomination for the electoral	district of
and state that:	
	e Elections Act I have been a resident of Nova Scotia for six months immediately preceding the date of the wr mbly Act or any other Act to be a candidate or member of the House of Assembly.
HAVE SIGNED AT	DATE
CANDIDATE'S SIGNATURE	
WITNESS' NAME (print)	
VITNESS 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



	(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
the in the election to be held on	Party
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 document	s: either legal tender, certified o	cheque or money order	
Part G: Receipt of Deposit To be completed after Nor	nination Form is accep	ted 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 pu	ursuant to Section 65(2)(b) of th	he Elections Act.	
DATED AT	,this	day o <u>f</u>	20
RETURNING OFFICER'S SIGNATURE		DATE	
Distribution: Original ENS Copy Candidate Copy RO		1	J

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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 <i>Elections Act</i> , accepting the nomination form nomi	nating (name of candidate)
and confirming that they are a candidate in the election of a Member of the Legislative Assembly for the election	ectoral 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	
O BE COMPLETED AFTER NOMINATION FORM IS VERIFIED BY RETURNING OFFIC	CER 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 <i>Elections Act</i> , 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	e close of nominations.
IME	DATE
ETURNING 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 <i>Elections Act)</i>		
TO BE COMPLETED BEFORE THE CLOSE OF NOMINATIONS AND FILED WITH THE RET	URNING OFFICER	
In accordance with Section 72 of the <i>Elections Act</i> , I, the undersigned, wish to withdraw as a d	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 <i>Elections Act</i>)		
As the Chief Electoral Officer for the province of Nova Scotia, I hereby notify the electors that the followin	g candidate	
has withdrawn their Nomination:		
EFFECTIVE DATE		
SIGNED	DATE	
TO BE PUBLISHED IN THE ELECTORAL DISTRICT AND POSTED ON THE ELECTIONS NOVA SCOTIA WEBSITE		



Part L: Selection of Electoral District for Registration (Section 38(2) of the <i>Elections Act</i>)	
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 car	ıdidate
I acknowledge that my name will be maintained in the district where I live on the permanent list of electors	
SignedDate	
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	
SignedDate	
Returning officer's signatureDate	