

**Due 10 days after change**

*(Please print)*

Full Name of Registered Party

Check Box		Old Information Name, address, telephone, e-mail	New Information: Name, address, telephone, e-mail	Effective Date
<input type="checkbox"/>	<b>Officer</b>			
<input type="checkbox"/>	<b>Official Agent</b>			
<input type="checkbox"/>	<b>Financial Institution</b>			
<input type="checkbox"/>	<b>Auditor</b>			
<input type="checkbox"/>	<b>Other</b>			

**Declaration**

*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

Print Name

Signed by the Official Agent