

APPLICATION FOR PARTY REGISTRATION

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|--------------------------|--|--|
| Applicant | <div>NAME</div> <div></div> | |
| Intended name of party | <div>PARTY NAME</div> <div></div> | |
| Intended leader of party | <div>NAME</div> <div></div> | |
| Invite to party Discord | <div>LINK OR CODE</div> <div></div> | |
| Rules governing party | <div>LINK</div> <div></div> | |
| Signature of applicant | <div>I, the undersigned, declare that:<ul style="list-style-type: none">I am eligible for nomination as a candidate under section 15 of the Electoral Regulations;I have obtained the true and voluntary signature of 8 subscribers (as defined in s. 81 of the Electoral Regulations) to this application for party registration; andAll information contained within this application is, to the best of my knowledge and belief, true and correct.</div> <div><div>SIGNATURE OF APPLICANT</div><div></div><div>DATE (YYYY-MM-DD)</div><div></div></div> | |

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|---------------------------------|--|-------------------|--------------------------|--------------------------|--------------------------|
| Signatures of subscribers | I, the undersigned, declare that: | | | | |
| | <ul style="list-style-type: none">I am a qualified elector (under s. 11 of the Electoral Regulations) OR I am eligible for nomination as a candidate (under s. 15 of the Electoral Regulations), as indicated;I am a subscriber to this application for party registration; andAll information contained within this application is, to the best of my knowledge and belief, true and correct. | | | | |
| | | | | QUALIFIED ELECTOR | ELIGIBLE CANDIDATE |
| | SIGNATURE OF SUBSCRIBER 1 | DISCORD CONTACT | DATE (YYYY-MM-DD) | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |
| | SIGNATURE OF SUBSCRIBER 2 | DISCORD CONTACT | DATE (YYYY-MM-DD) | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |
| | SIGNATURE OF SUBSCRIBER 3 | DISCORD CONTACT | DATE (YYYY-MM-DD) | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |
| | SIGNATURE OF SUBSCRIBER 4 | DISCORD CONTACT | DATE (YYYY-MM-DD) | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |
| SIGNATURE OF SUBSCRIBER 5 | DISCORD CONTACT | DATE (YYYY-MM-DD) | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | |
| SIGNATURE OF SUBSCRIBER 6 | DISCORD CONTACT | DATE (YYYY-MM-DD) | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | |
| SIGNATURE OF SUBSCRIBER 7 | DISCORD CONTACT | DATE (YYYY-MM-DD) | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | |
| SIGNATURE OF SUBSCRIBER 8 | DISCORD CONTACT | DATE (YYYY-MM-DD) | <input type="checkbox"/> | <input type="checkbox"/> | |
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Submit completed form to the Chief Electoral Officer.