

APPLICATION FOR PARTY REGISTRATION

|                          |  |  |
|--------------------------|--|--|
| 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"><li>I am eligible for nomination as a candidate under section 15 of the Electoral Regulations;</li><li>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; and</li><li>All information contained within this application is, to the best of my knowledge and belief, true and correct.</li></ul></div> <div><div>SIGNATURE OF APPLICANT</div><div></div><div>DATE (YYYY-MM-DD)</div><div></div></div> |  |

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|                                 |  |                   |                          |                          |                          |
|---------------------------------|--|-------------------|--------------------------|--------------------------|--------------------------|
| Signatures<br>of<br>subscribers | I, the undersigned, declare that:  |                   |                          |                          |                          |
|                                 | <ul style="list-style-type: none"><li>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;</li><li>I am a subscriber to this application for party registration; and</li><li>All information contained within this application is, to the best of my knowledge and belief, true and correct.</li></ul> |                   |                          |                          |                          |
|                                 |  |                   |                          | 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"/> |                          |
|                                 |  |                   |                          |                          |                          |

Submit completed form to the Chief Electoral Officer.