

Registered party name

Page _____ of _____

Constituency associations	Financial officers	Date of application mm/dd/yyyy
Electoral division:	Name: Address: City: Postal Code: Email: Telephone:	
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Declaration

I, _____, financial officer of _____,

declare that the above named persons are the persons responsible for the finances of the above named constituency associations and that at any subsequent time that there is a change in any of the particulars disclosed I will notify the Chief Electoral Officer in writing of the change within 5 days of such a change [s.26(1)].

Signature of financial officer_____
Date (mm/dd/yyyy)

Registered party name

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