

To the Electoral Commission
59-63 High Street
TOORAK

INSTRUCTION
1. Write in **BLOCK LETTERS**
2. Place a tick (✓) in a box when required

Objection to Nomination of Candidate

Objected Candidate's Details

Full Name	
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Political Party: _____ Independent

Objector's Details

Full name	
Residential address	
Voter Number	

I am objecting on the ground that:

- The candidate is not qualified to be nominated; or
- The nomination of the candidate as an independent candidate or as a party candidate on a party list does not comply with the requirements of the Constitution or the Electoral Act.

My ground(s) for objection relies on the following facts:

The facts of my objections are supported by the following information and/or documents (if insufficient space attach additional pages):

Statutory Declaration

I _____
(Full Name)

of _____
(Address)

do declare that the facts relating to my objection are true to the best of my knowledge and belief.

Signed: _____

Declared at _____ this _____ day of _____ 20 _____

Full Name of Witness _____

Title and/or Qualification of Witness _____

For Official Use Only:

Date & Time Received by Commission	Date Objection Determined	Objection Decision	Date Objector/Candidate/SOE Advised

Fee Paid: _____ Receipt No: _____