

**To the Electoral Commission
59-63 High Street
TOORAK**

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

Appeal on Nominations

I appeal against the decision of the Supervisor of Elections to not accept my nomination as a candidate for the 2018 General Election.

| Rejected Candidate's Details | |
|------------------------------|--|
| Full Name | |

Political Party: _____ Independent

The Supervisor of Elections has not accepted my nomination on the following ground(s):

I ask that the Electoral Commission overturn the decision of the Supervisor of Elections. In support of my appeal I provide the following information and or documents (if insufficient space attach additional pages):

Signed: _____ Date: ____/____/20____ Time: _____

For Official Use Only:

| Date & Time Received by Commission | Date Appeal Determined | Appeal Decision | Date Candidate / SOE Advised |
|------------------------------------|------------------------|-----------------|------------------------------|
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