

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

**INSTRUCTION**

1. Write in **BLOCK LETTERS** using black or blue pen
2. Place a tick (✓) in a box when required
3. This form must be completed and submitted before 4.00pm on the day following the close of nominations for the election

**Appeal on Nominations**

I appeal against the decision of the Supervisor of Elections to not accept my nomination as a candidate for the 2022 General Election.

**Rejected Candidate's Details**

Full Name	
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Political Party: .....  Independent

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

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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):

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Signed: ..... Date: ...../..... / 20..... Time: .....

**For Official Use Only:**

Date & Time Received by Electoral Commission	Date Appeal Determined	Appeal Decision	Date Candidate / SoE Advised