FORM 1
Notice of Objection

INSTRUCTION

- Type, or write using black or blue pen
- Place a tick (✓) in a box where required
- This form must be completed and filed with the Commission **by 4.00pm on the day after the close of nominations**

NOTE: It is an offence to make a false statement in this Notice and the penalty is a fine of up to FJD10,000 (individual), FJD 40,000 (candidate or polling agent), FJD 100,000 (political party) and/or a term of imprisonment up to 2 years, and disqualification from registering to vote for 4 years (section 136 of the Electoral Act 2014)

Section 1: Applicant Contact Information	
Title:	
Full Name (as set out in the Register of Voters):	
Phone Number:	
Email Address:	
Postal Address:	
Residential Address:	
Voter number:	
Do you represent a political party?	**[ ] Yes Party name:** **Position in Party:** **[ ] No**

Section 2: Representation	
Do you have a Representative?	**[ ] Yes (provide their details below) [ ] No**
Name of Representative:	
Firm or Organization:	
Phone Number:	
Email Address:	
Authority to Represent	**Does the Representative have your written authority to act on your behalf in your absence?** **[ ] Yes [ ] No**

Section 3: Candidate Objected to	
Name of the candidate:	
The candidate is	**[ ]** Independent Candidate **[ ]** Party Candidate
If they are a Party Candidate, name of Political Party:	

Section 4: Grounds of Objection and Supporting Facts
Using numbered paragraphs, set out the grounds for Objection and supporting facts you are relying on (if insufficient space attach additional pages)**:** 1. 2.

Section 5: Witnesses
Using numbered paragraphs, set out the names and contact details of any witnesses you intend to call if there is an in-person hearing (if insufficient space attach additional pages)**:** 1. 2.

Section 6: Attached Documents
Using numbered paragraphs, set out the details of any documents you are attaching, and their relevance to your Objection (if insufficient space attach additional pages)**:** 1. 2.

Section 7: Relief Sought	
(a) Do you want the decision of the Supervisor overturned?	**[ ] Yes [ ] No**
(b) Do you want any other decision from the Commission?	**[ ] Yes [ ] No**
If your answer to (b) is Yes, please set out what it is you are requesting the Commission to do (if insufficient space attach additional pages)**:**	

Section 8: Declaration of Applicant

By my signature:

1. **I affirm that I object to the nomination of the candidate named in this Notice of Objection; and**
2. **I declare that I have made a conscientious effort to ascertain the truth of the facts set out in this Notice and they are true to the best of my knowledge and belief; and**

_____	_____	_____
Signature	Date (DD/MM/YYYY)	Time