BONAPARTE FIRST NATION MAIL-IN NOMINATION FORM

NOMINATOR DECLARATION (the Voter making the Nomination(s))

I (please print clearly)solemnly affirm that I am a registered Voter of the Bonaparte First Nation pursuant to the Bonaparte First Nation Election Code, and with regard to this election I make the Nomination(s) below.			
Nominator Signature	Date	Phone	Email

In accordance with section 58 of the *Bonaparte First Nation Election Code*, a Voter may nominate (or second) only one (1) Candidate for the Office of Chief and one (1) Candidate for the Office of Councillor.

NOMINATION FOR THE OFFICE OF CHIEF		
PRINT NAME OF	v.	
EMAIL:	PHONE:	
	NOMINATION FOR THE OFFICE OF COUNCILLOR	
PRINT NAME OF NOMINEE CLEARL	Υ:	
EMAIL:	PHONE:	
	ERS MAY USE THIS FORM FOR EITHER NOMINATING OR SECONDING. IS MAY SECOND MAIL IN NOMINATIONS AT THE NOMINATION MEETING.	

You can mail or email a completed Mail-In Nomination Form and a completed, signed, and witnessed Voter Declaration Form (see next page) to the Electoral Officer <u>before</u> the Nomination Meeting OR you may nominate candidates during the Nomination Meeting. For greater certainty a Voter may send a photograph of the completed Nomination Form and Declaration Form by email to <u>nicole@chlaw.ca</u> Mail-In Nomination Forms received by the Electoral Officer after the Nomination Meeting are void.

Mail or email the completed Nomination and Declaration Forms to: Email:<u>nicole@chlaw.ca</u> Nicole Hajash, Callison & Hanna 815 Cambie Street, Vancouver, B.C. V6B 2P4

BONAPARTE FIRST NATION VOTER DECLARATION

YOU MUST COMPLETE THIS FORM IN ITS ENTIRETY - INCOMPLETE FORMS MAY NOT BE ACCEPTED.

VOTER DECLARATION

I solemnly affirm that I am an eligible Voter of the Bonaparte First Nation pursuant to the *Bonaparte First Nation Election Code*; I will be at least 18 years of age on Election Day; my information below is true and correct; and I do not know of any reason why I would be disqualified from voting at this election. I understand that it is an offence to make a false statement in this declaration.

Last Name:

First Name:

Middle Initial:

Postal Code:

Email:

Date:

Date of Birth (dd/mm/yyyy):

Registry Number (Status No.):

Street Address:

City/Town:

Province:

Phone Number:

Χ.

Voter Signature

 WITNESS DECLARATION (TO BE FILLED OUT BY A PERSON WHO IS AT LEAST 18 YEARS OLD)

 I solemnly affirm the identity of the voter, and that I have witnessed their signature above.

 Last Name:

 First Name:
 Middle Initial:

 Street Address:
 Middle Initial:

 City/Town:
 Postal Code:

 Phone:
 Email:

 X.
 Date:

 Witness Signature

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