

KISPIOX BAND NOMINATION FORM

NOMINATION/SECOND DECLARATION

I _____ (please print clearly) swear and affirm that I am a registered Elector of the Kispiox Band pursuant the *Indian Act – Indian Band Election Regulations*, and **WITH REGARD TO THIS ELECTION** I make the following Nomination(s) and/or Second(s).

Nominator Signature

Date

Phone

eMail

NOMINATION OR SECOND FOR OFFICE OF CHIEF

1. PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

NOMINATION OR SECOND FOR OFFICE OF COUNCILLOR

1 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

2 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

3 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

4 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

5 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

6 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

7 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

8 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

9 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

ELECTORS MAY USE THIS FORM FOR EITHER NOMINATING OR SECONDING AN ELECTOR.

A nomination may be made by properly completing the *Nomination Form & Elector Declaration Form* (don't forget this document) properly completed, signed and Witnessed, AND submitted to the Electoral Officer prior to the start of the Nomination Meeting or in person at the Nomination Meeting.

LAWRENCE LEWIS, ELECTORAL OFFICER

Ph: 250 384-8200 TF: 1-855-458-5888 Fax: 250 384-5416 Email: lawrence@onefeather.ca

PO Box 35008 Hillside, Victoria, BC V8T 5G2

<https://onefeather.ca/nations/kispiox>

Kispiox Band Declaration Form

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

ELECTOR DECLARATION

I solemnly declare that I am an eligible Elector of the Kispiox Band pursuant to the *Indian Act & Indian Band Election Regulations*, at the address listed below and that I am at least 18 years of age.

Last Name:

First Name:

Middle Initial:

Date of Birth (dd/mm/yyyy):

Registry Number (Status No.):

Street Address:

City/Town:

Province:

Postal Code:

Phone Number:

Email:

X.

Date:

Elector Signature

WITNESS DECLARATION

I swear and affirm that I personally know and have witnessed the signature above.

Last Name:

First Name:

Middle Initial:

Street Address:

City/Town:

Province:

Postal Code:

Phone:

Email:

X.

Date:

Witness Signature

Lawrence Lewis, Electoral Officer

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