



Nomination Statement of Change (F0401)

To be completed by the candidate

I, the undersigned, (Name of Candidate)

First Name and Middle Name(s):

Last Name:

Provincial Electoral District:

Section 1: Part A - Personal Information

Street No.: Street Name:

Unit No.: City/Municipality/Town:

Postal Code:

E-mail Address:

Section 1: Part B - Delivery and Contact Information

Street No.: Street Name:

Unit No.: City/Municipality/Town:

Postal Code: Home Phone:

Cell Phone:

Website Address:

Section 3: Chief Financial Officer Contact Information

First Name and Middle Name(s):

Last Name:

Street No.: Street Name:

Unit No.: City/Municipality/Town:

Postal Code:

Phone:

Alternate Phone:

Fax:

E-mail Address:

I consent to my appointment as chief financial officer for the above named individual. I am aware of the duties and responsibilities of this position under the *Election Finances Act* and under clause 27(2)(l) of the *Election Act*.

Signature of Chief Financial Officer

Date

Section 4: Auditor Contact Information

First Name:

Last Name:

Designation (*check one*): CPA, CA CPA, CGA CPA, CMA

Licence Number:

Firm Name:

Street No.:

Street Name:

Unit No.: City/Municipality/Town:

Postal Code:

Phone:

Alternate Phone:

Fax:

E-mail Address:

Contact Name:

First Name:

Last Name:

(if different from above)

Returning Officer/Election Official
Signature

Date

Time

Candidate Signature

Date

Candidate Signature Witnessed by

Date