

KITSELAS FIRST NATION NOMINATION FORM

NOMINATOR - DECLARATION

I _____ (please print clearly) solemnly affirm that I am a registered Elector of the Kitselas First Nation 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

NAME OF PERSON BEING NOMINATED OR SECONDED FOR THE OFFICE OF CHIEF

1. PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

EMAIL:

NAME OF PERSON BEING NOMINATED OR SECONDED FOR THE OFFICE OF COUNCILLOR

1. PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

EMAIL:

2. PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

EMAIL:

3. PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

EMAIL:

4. PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

EMAIL:

ELECTORS MAY USE THIS FORM FOR EITHER NOMINATING OR SECONDING – CONTINUED ON NEXT PAGE

A nomination may be made by properly completing this *Nomination Form & Elector Declaration Form* AND submitting it to the Electoral Officer prior to the close of the Nomination Meeting. You may submit forms by mail, email, or in person.

For more information or assistance please contact:

Email: support@onefeather.ca

Office: 250-384-8200 Toll Free: 1-855-923-3006

209-852 Fort Street, Victoria, B.C., V8W 1H8

<https://www.onefeather.ca/nations/kitselas>



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NAME OF PERSON BEING NOMINATED OR SECONDED FOR THE OFFICE OF COUNCILLOR

5.	PRINT NAME CLEARLY
ADDRESS:	
PHONE NUMBER:	EMAIL:
6.	PRINT NAME CLEARLY
ADDRESS:	
PHONE NUMBER:	EMAIL:
7.	PRINT NAME CLEARLY
ADDRESS:	
PHONE NUMBER:	EMAIL:
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KITSELAS FIRST NATION DECLARATION FORM

YOU MUST COMPLETE THIS FORM IN ITS ENTIRETY AND SUBMIT IT TO THE ELECTORAL OFFICER WITH THE COMPLETED NOMINATION FORM – INCOMPLETE FORMS MAY NOT BE ACCEPTED.

ELECTOR DECLARATION

I solemnly affirm that I: am an eligible Elector of the Kitselas First Nation pursuant to the *Indian Act & Indian Band Election Regulations*; live at the address listed below; and 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 solemnly affirm that I personally know the elector and have witnessed their signature above.

Last Name:

First Name:

Middle Initial:

Street Address:

City/Town:

Province:

Postal Code:

Phone:

Email:

X.

Date:

Witness Signature

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