

BONAPARTE FIRST NATION NOMINATION FORM

NOMINATOR - DECLARATION

I _____ (please print clearly) solemnly affirm that I am a registered Elector of the Bonaparte 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 OFFICE OF CHIEF

1. PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

EMAIL:

NAME OF PERSON BEING NOMINATED OR SECONDED FOR 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 SECONDED

A nomination may be made by properly completing this *Nomination Form & Elector Declaration Form* AND submitting it to the Electoral Officer prior to close of the Nomination Meeting.

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/bonaparte>



OneFeather

BONAPARTE 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 Bonaparte 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 swear and 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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