**Claim or Dispute Form**

To,

The Commissioner

Election Commission NAV

I would like to submit my claim or dispute, in good faith, regarding the first list of Candidates published by this Commission. I do declare that all the information I have provided herewith are true and correct.

**Why I am submitting**: (Please choose one of following)

***Note:*** *If submitting for more than one claim or dispute please provide separate submission for each one*

|  |  |
| --- | --- |
| The candidates’ list includes someone who should not be in the list | ☐ |
| The candidates’ list excludes someone who should be in the list | ☐ |

**Detail of the Candidate:** (Provide as much details as possible of who is wrongly included in or excluded from the list)

|  |  |  |
| --- | --- | --- |
| Candidacy for:Choose Position here | | |
| First Name:Given Name | Last Name:Last Name | NAV No: Member No |
| What is your reason:Your reason for submission | | |
| Any proof, if applicable:Please describe if you have any proof attached with this submission | | |

**Detail of Submitter** (Please provide all relevant information)

|  |  |  |  |
| --- | --- | --- | --- |
| First Name:Given Name | Last Name:Last Name | | NAV No: Member No |
| Residential Address:Residential Address | | | |
| Suburb:Suburb | Post Code:Post Code | | State: State |
| Email: email address | | Phone: Contact No | |
| Signature: ☐ | | Date: Date here | |

***Note:*** *Please note that checking the signature box in next to signature is equivalent of providing digital signature, if sending electronic application.*

*Election Commission will not make the details of the submitter public and information provided here will only be used for the Commission’s purpose*