## FORM OF NOMINATION OF CANDIDATE

the General / By Election to b	e held on:				
We, the undersigned, whose nominate:	names are inscri	bed in the Register of El	ectors, hereby		
Candidate Full Name:					
Electoral Registration Number	er:				
Postal Address:					
Contact Details: Email:		Phone:			
Nationality:					
To be a candidate for election as a Conseiller of the Chief Pleas of Sark.					
Proposer Full Name:					
Electoral Registration Number:					
Signature of Proposer:					
Seconder Full Name:					
Electoral Registration Number:					
Signature of Seconder:					
Candidate Declaration I hereby give my consent to be nominated as a candidate for election as a Conseiller of the Chief Pleas of Sark. I solemnly affirm that I am eligible to be so elected under the provisions of The Reform (Sark) Law, 2008.					
For Official Use Only - Checked By: Date:					
	Greffier	Deputy Returning Officer	Returning Officer		
Candidate ERN checked:					
Proposer ERN checked:					
Seconder ERN checked:					
Nomination accepted:					

Nomination paper for a candidate for the office of Conseiller of the Chief Pleas of Sark at

Signature of Candidate:		Date:	_ Date:	
For Official Use Only - Checked By:		Date:		
	Greffier	Deputy Returning	Returning Officer	
Candidate ERN checked:		Officer		
Proposer ERN checked:				

Seconder ERN checked: Nomination accepted: