



ELECTIONS BC
A non-partisan Office of the Legislature

RECALL APPOINTMENT OF ASSISTANT FINANCIAL AGENT

960 (06/08)

PLEASE PRINT IN BLOCK LETTERS OR TYPE

| | | | |
|---|--|--|---|
| PART A | | <input type="checkbox"/> NEW APPOINTMENT | <input type="checkbox"/> NOTICE OF CHANGE |
| FULL NAME OF AUTHORIZED PARTICIPANT | | CHECK ONE: <input type="checkbox"/> PROPONENT <input type="checkbox"/> MEMBER | |
| NAME OF MEMBER WHO IS THE SUBJECT OF THE PETITION | ELECTORAL DISTRICT REPRESENTED BY MEMBER | | |

| | | | |
|--|-------------|--|-------------------------------------|
| PART B | | | |
| ASSISTANT FINANCIAL AGENT | | | |
| SURNAME | FIRST NAME | MIDDLE NAME | HOME PHONE # * () |
| MAILING ADDRESS | | | WORK PHONE # () |
| CITY / TOWN | POSTAL CODE | | FAX # () |
| EMAIL | | | |
| * In accordance with section 168 of the <i>Recall and Initiative Act</i> , I am requesting that my home telephone number be obscured for the purpose of public inspection. | | | <input checked="" type="checkbox"/> |
| EFFECTIVE DATE OF APPOINTMENT: (YYYY / MM / DD) | | <ul style="list-style-type: none"> I consent to my appointment as assistant financial agent. I am aware of the obligations and responsibilities of this position under the <i>Recall and Initiative Act</i>. | |
| SIGNATURE OF ASSISTANT FINANCIAL AGENT | | DATE: (YYYY / MM / DD) | |
| WARNING: Signing a false statement is a serious offence and is subject to significant penalties [section 162 of the <i>Recall and Initiative Act</i>]. | | | |

| | |
|--|------------------------|
| PART C | |
| I hereby authorize the above-named individual to act as assistant financial agent: | |
| SIGNATURE OF FINANCIAL AGENT | DATE: (YYYY / MM / DD) |
| CHIEF ELECTORAL OFFICE USE ONLY | |
| DATE RECEIVED: (YYYY / MM / DD) | PETITION # |

This form is available for public inspection at the Chief Electoral Office during regular office hours.

WHITE - CHIEF ELECTORAL OFFICE
CANARY - ASSISTANT FINANCIAL AGENT
PINK - FINANCIAL AGENT

SEND TO: Chief Electoral Officer, Elections BC
 Mailing Address: PO Box 9275 Stn Prov Govt, Victoria B.C. V8W 9J6
 Phone: (250) 387-5305 or Toll-free 1-800-661-8683 / TTY 1-888-456-5448
 Fax: (250) 387-3578 or Toll-free Fax: 1-866-466-0665
 Email: electionsbc@elections.bc.ca
 Website: http://www.elections.bc.ca

RECALL APPOINTMENT OF ASSISTANT FINANCIAL AGENT – FORM 960

INSTRUCTIONS

As soon as possible after the appointment is made, a copy of this appointment form must be delivered to the Chief Electoral Officer [*Recall and Initiative Act*, section 110].

PART A

1. **Full name of authorized participant:** Enter the full name of the authorized participant for whom this appointment is being made. Make a check mark in the appropriate box to indicate if the authorized participant is the proponent or the Member.
2. **Name of Member who is the subject of the petition:** Enter the full name of the Member of the Legislative Assembly who is the subject of the recall petition.
3. **Electoral District:** Enter the full name of the electoral district represented by the Member who is the subject of the petition.

PART B

4. **Assistant financial agent name and address:** Enter the assistant financial agent's name, mailing address, phone numbers and fax number.
5. **Effective date of appointment:** Enter the date on which the individual assumed the position of assistant financial agent.
6. **Signature of assistant financial agent:** The individual being appointed must sign and date this declaration.

PART C

7. **Signature of financial agent:** The financial agent must sign and date this declaration.
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Questions?

Phone: 1-800-661-8683 (toll-free) or (250) 387-5305 Fax: (250) 387-3578

OR

Write: Elections British Columbia, PO Box 9275 Stn Prov Govt, Victoria B.C. V8W 9J6

OR

Email: electionsbc@elections.bc.ca