



ELECTIONS BC
A non-partisan Office of the Legislature

ELECTION ADVERTISING SPONSOR APPLICATION FOR DEREGISTRATION

431
(15/06)

PLEASE PRINT IN BLOCK LETTERS AND SIGN WHERE REQUIRED
SEE REVERSE SIDE FOR INSTRUCTIONS

FULL NAME OF REGISTERED SPONSOR			
USUAL NAME OF ORGANIZATION (IF DIFFERENT FROM ABOVE)			
FULL ADDRESS OF REGISTERED SPONSOR		PHONE NO.	FAX NO.
CITY / TOWN	POSTAL CODE	CONTACT NAME	
EMAIL			
COMMUNICATIONS ADDRESS OF REGISTERED SPONSOR (IF DIFFERENT FROM ADDRESS ABOVE) +			
CITY / TOWN			POSTAL CODE

+ Any notice required or authorized under the *Election Act* is deemed to be given if it is delivered to this address.

If the sponsor is an organization, the names and signatures of two principal officers or members are required.

I, the undersigned, declare that:

(a) I am authorized to act on behalf of the above-mentioned sponsor, if the sponsor is an organization;

(b) I hereby apply for deregistration as an election advertising sponsor; and,

(c) to the best of my knowledge, information and belief, the contents of this document are complete and accurate.

SIGNATURE OF SPONSOR OR PRINCIPAL OFFICER / MEMBER	DATE: (YYYY / MM / DD)
PRINTED NAME OF SPONSOR OR PRINCIPAL OFFICER / MEMBER	
SIGNATURE OF SPONSOR OR PRINCIPAL OFFICER / MEMBER	DATE: (YYYY / MM / DD)
PRINTED NAME OF SPONSOR OR PRINCIPAL OFFICER / MEMBER	

WARNING: Signing a false statement is a serious offence and is subject to significant penalties.

CHIEF ELECTORAL OFFICE USE ONLY		
DATE RECEIVED (YYYY / MM / DD)	ACCEPTED/REJECTED (YYYY / MM / DD)	REGISTRATION NUMBER

This form is available for public inspection. This information is collected under the authority of the *Election Act* and the *Freedom of Information and Protection of Privacy Act*.
PLEASE KEEP A COPY FOR YOUR RECORDS. The information will be used to administer provisions under the *Election Act*. Questions can be directed to: **Privacy Officer,**
Elections BC 1-800-661-8683, privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

**ELECTION ADVERTISING SPONSOR
APPLICATION FOR DEREGISTRATION – FORM 431**

This is the application form for voluntary deregistration of a registered election advertising sponsor. Voluntary deregistration does not preclude a sponsor from reregistering at a later date.

Full name of registered sponsor: Enter the full name of the sponsor. If the sponsor is an organization, enter the full name of the organization.

Usual name of organization (if different from above): If the sponsor is an organization with a usual name different from the full name entered above, enter the usual name of the organization in this box.

Full address of registered sponsor: Enter the full address of the sponsor. Complete the **city/town** name and **postal code** in the appropriate spaces.

Phone number: Enter a phone number at which the sponsor can be contacted.

Fax number: Enter a fax number at which the sponsor may be contacted. This is voluntary information.

Contact name: A sponsor contact name may be entered in this space. This may be particularly useful if the sponsor is an organization.

Email: Enter an email address at which the sponsor can be contacted. This is voluntary information.

Communications address of registered sponsor (if different from address above): Enter an address at which communications may be delivered to the sponsor. Complete the **city/town** name and **postal code** in the appropriate spaces. If communications may be sent to the address entered under **full address of registered sponsor** above, this field need not be completed.

Signature of registered sponsor or principal officer/member: This document must be signed by the sponsor if the sponsor is an individual. If the sponsor is an organization, the document must be signed by two principal officers of the organization or, if there are no principal officers, by two principal members of the organization.

Date: Enter the date on which the document was signed, by year, month and day.

Printed name of registered sponsor or principal officer/member: If the sponsor is an organization, print the name of the principal officer or principal member who signed the document on behalf of the organization.

Chief Electoral Office use only: The bottom section on this form is for Chief Electoral Office use only. Please do not complete this section.

**For more information
Phone toll-free 1-800-661-8683 / TTY 1-888-456-5448**

or contact
Elections British Columbia
Mailing address: PO Box 9275 Stn Prov Govt, Victoria, BC V8W 9J6
Phone: 250-387-5305
Fax: 250-387-3578
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Email: electionsbc@elections.bc.ca
Website: www.elections.bc.ca