

INITIATIVE PROPONENT APPOINTMENT OF FINANCIAL AGENT

PLEASE PRINT IN BLOCK LETTERS AND SIGN WHERE REQUIRED

PART A

I AM ACTING AS MY OWN FINANCIAL AGENT
 NEW APPOINTMENT
 NOTICE OF CHANGE

TITLE OF INITIATIVE

FULL NAME OF PROPONENT

PART B

FINANCIAL AGENT

SURNAME	FIRST NAME	MIDDLE NAME	PHONE
MAILING ADDRESS			ALTERNATE PHONE
CITY/TOWN	PROVINCE	POSTAL CODE	FAX
EMAIL			

EFFECTIVE DATE OF APPOINTMENT:

(YYYY/MM/DD)

- I consent to my appointment as financial agent.
- I am aware of the obligations and responsibilities of this position under the *Recall and Initiative Act*.
- I am not disqualified from acting as financial agent under sections 29 or 59 of the Act.

SIGNATURE OF 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 *Recall and Initiative Act*].

PART C

Address to which notices under the *Recall and Initiative Act* may be delivered to the financial agent or authorized participant if different from above.

COMMUNICATION ADDRESS

CITY/TOWN

PROVINCE

POSTAL CODE

I hereby authorize the above-named individual to act as financial agent on my behalf:

SIGNATURE OF PROPONENT

DATE: (YYYY/MM/DD)

CHIEF ELECTORAL OFFICE USE ONLY

DATE RECEIVED: (YYYY/MM/DD)

PETITION #