

POLITICAL PARTY OR CONSTITUENCY ASSOCIATION REGISTRATION

ACCOUNT INFORMATION

SEE REVERSE SIDE FOR INSTRUCTIONS
THIS FORM IS AVAILABLE FOR PUBLIC INSPECTION

PAGE
OF

1 FULL NAME OF POLITICAL PARTY OR CONSTITUENCY ASSOCIATION			
2 ACCOUNT NUMBER ★		ACCOUNT SIGNING OFFICER (PLEASE PRINT)	
FULL NAME OF SAVINGS INSTITUTION		ACCOUNT SIGNING OFFICER	
MAILING ADDRESS		ACCOUNT SIGNING OFFICER	
CITY / TOWN	PROVINCE	POSTAL CODE	ACCOUNT SIGNING OFFICER
ACCOUNT NUMBER ★		ACCOUNT SIGNING OFFICER (PLEASE PRINT)	
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CITY / TOWN	PROVINCE	POSTAL CODE	ACCOUNT SIGNING OFFICER

★ THIS INFORMATION WILL BE OBSCURED FOR PUBLIC INSPECTION PURPOSES

CHIEF ELECTORAL OFFICE USE ONLY	
DATE RECEIVED: (YYYY / MM / DD)	REGISTRATION NO.

**POLITICAL PARTY OR
CONSTITUENCY ASSOCIATION REGISTRATION
ACCOUNT INFORMATION - FORM 477**

PLEASE PRINT IN BLOCK LETTERS

INSTRUCTIONS:

- ❶ Enter the full name of the political party or constituency association.
- ❷ For each account (i.e. savings, chequing, etc.) used by the organization for depositing money received and from which expenditures are paid, provide the account number and the full name and address of the savings institution (e.g. banks, credit union, trust company, etc.).

Each account must be shown separately. For example, if your organization has three accounts in one savings institution, three account information blocks must be completed. If more space is needed to list additional accounts, please attach a separate sheet.

The (printed) names of the signing officers for each account are required. If your organization has more than four signing officers for an account, please attach the additional names.

All account numbers will be obscured for public inspection purposes.

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

or contact
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