



**ELECTIONS BC**  
A non-partisan Office of the Legislature

# RECALL APPOINTMENT OF ASSISTANT FINANCIAL AGENT

**960**  
(16/12)

PLEASE PRINT IN BLOCK LETTERS OR TYPE

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

|  |  |  |                    |
|--|--|--|--------------------|
| <b>PART B</b>  |  |  |                    |
| <b>ASSISTANT FINANCIAL AGENT</b>   |  |  |                    |
| LAST NAME  | FIRST NAME                             | MIDDLE NAME  | PHONE              |
| MAILING ADDRESS  |  |  | ALTERNATE PHONE    |
| CITY/TOWN  | PROVINCE                               | POSTAL CODE  | FAX                |
| EMAIL  |  |  |                    |
| <b>EFFECTIVE DATE OF APPOINTMENT:</b>  |  | <ul style="list-style-type: none"> <li>I consent to my appointment as assistant financial agent.</li> <li>I am aware of the obligations and responsibilities of this position under the <i>Recall and Initiative Act</i>.</li> </ul> |                    |
| (YYYY/MM/DD)   | SIGNATURE OF ASSISTANT FINANCIAL AGENT |  | DATE: (YYYY/MM/DD) |
| <b>WARNING:</b>  |  |  |                    |
| Signing a false statement is a serious offence and is subject to significant penalties [section 162 of the <i>Recall and Initiative Act</i> ]. |  |  |                    |

|  |                    |
|--|--------------------|
| <b>PART C</b>  |                    |
| I hereby authorize the above-named individual to act as assistant financial agent: |                    |
| SIGNATURE OF FINANCIAL AGENT   | DATE: (YYYY/MM/DD) |

|  |            |
|--|------------|
| <b>CHIEF ELECTORAL OFFICE USE ONLY</b> |            |
| DATE RECEIVED: (YYYY/MM/DD)            | PETITION # |

**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**

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

**PART C**

6. **Signature of financial agent:** The financial agent must sign and date this declaration.

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

or contact  
Elections BC  
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