ELECTIONS BC
A non-partisan Office of the Legislature

PLEASE PRINT IN BLOCK LETTERS AND SIGN WHERE REQUIRED

PART A

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

FULL NAME OF AUTHORIZED PARTICIPANT	CHECK ONE:
	☐ PROPONENT ☐ MEMBER

NAME OF MEMBER WHO IS THE SUBJECT OF THE PETITION	ELECTORAL DISTRICT REPRESENTED BY MEMBER

PART B

FINANCIAL AGENT

LAST NAME	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 section 108 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 AUTHORIZED PARTICIPANT	DATE: (YYYY/MM/DD)

CHIEF ELECTORAL OFFICE USE ONLY

DATE RECEIVED: (YYYY/MM/DD)	PETITION #

RECALL
APPOINTMENT OF FINANCIAL AGENT – FORM 961

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 108].

PART A

1. Make a check mark in the appropriate box to indicate if the authorized participant is acting as their own financial agent or if an other individual is being appointed as financial agent.

2. **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.

3. **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.

4. **Electoral District:** Enter the full name of the electoral district represented by the Member who is the subject of the petition.

PART B

5. **Financial agent name and address:** Enter the financial agent's name, mailing address, phone numbers and fax number.

6. **Effective date of appointment:** Enter the date on which the individual assumed the position of financial agent.

7. **Signature of financial agent:** The individual being appointed must sign and date this declaration.

    Note: The financial agent is responsible for administering the authorized participant's finances in accordance with the *Recall and Initiative Act*. For more information on the obligations of the financial agent, refer to Part 7 of the *Recall and Initiative Act*.

    The following individuals are disqualified from acting as financial agents:

    - election officials, voter registration officials, or employees of Elections BC;

    - individuals who do not have full capacity to enter into contracts;

    - individuals who are disqualified under section 128 or 131 of the *Recall and Initiative Act*;

    - individuals who have been convicted of an offence under the *Recall and Initiative Act* or the *Election Act* within the last seven years.

PART C

8. **Communication address:** Enter the address to which notices under the *Recall and Initiative Act* may be delivered to the financial agent or authorized participant.

9. **Signature of authorized participant:** The authorized participant must sign and date this declaration.