



### Claim or Dispute Form

To,  
The Commissioner  
Election Commission NAV

I would like to submit my claim or dispute, in good faith, regarding the first list of Candidates published by this Commission. I do declare that all the information I have provided herewith are true and correct.

**Why I am submitting:** (Please choose one of following)

**Note:** *If submitting for more than one claim or dispute please provide separate submission for each one*

The candidates' list includes someone who should not be in the list	<input type="checkbox"/>
The candidates' list excludes someone who should be in the list	<input type="checkbox"/>

**Detail of the Candidate:** (Provide as much details as possible of who is wrongly included in or excluded from the list)

Candidacy for: Choose Position here		
First Name: Given Name	Last Name: Last Name	NAV No: Member No
What is your reason: Your reason for submission		
Any proof, if applicable: Please describe if you have any proof attached with this submission		

**Detail of Submitter** (Please provide all relevant information)

First Name: Given Name	Last Name: Last Name	NAV No: Member No
Residential Address: Residential Address		
Suburb: Suburb	Post Code: Post Code	State: State
Email: email address	Phone: Contact No	
Signature: <input type="checkbox"/>	Date: Date here	

**Note:** *Please note that checking the signature box in next to signature is equivalent of providing digital signature, if sending electronic application.*

*Election Commission will not make the details of the submitter public and information provided here will only be used for the Commission's purpose*