

# INITIATIVE OPPONENT APPLICATION FOR FINANCIAL AGENT

PLEASE PRINT IN BLOCK LETTERS AND SIGN WHERE REQUIRED

TITLE OF INITIATIVE			
FULL NAME OF OPPONENT APPLICANT			
FULL NAME OF PROPOSED FINANCIAL AGENT			
MAILING ADDRESS OF PROPOSED FINANCIAL AGENT			PHONE
CITY/TOWN	PROVINCE	POSTAL CODE	FAX
			EMAIL
COMMUNICATIONS ADDRESS (IF DIFFERENT FROM ADDRESS ABOVE) *			
CITY/TOWN	PROVINCE	POSTAL CODE	

\* Any notice required or authorized under the *Recall and Initiative Act* is deemed to be given if it is delivered to this address.

- I consent to act as financial agent for an opponent or opponent group, if designated under section 32 or 63 of the *Recall and Initiative Act*.
- I understand the obligations and responsibilities as a financial agent under sections 34 and 64 of the *Recall and Initiative Act*.
- I am not disqualified from acting as financial agent under section 29 or 59 of the *Recall and Initiative Act*.

SIGNATURE OF PROPOSED FINANCIAL AGENT	DATE: (YYYY/MM/DD)
---------------------------------------	--------------------

**NOTE: Individuals must not act as financial agent until designated by the Chief Electoral Officer.**

**WARNING:**  
Signing a false statement is a serious offence and is subject to significant penalties [section 162 of the *Recall and Initiative Act*].

CHIEF ELECTORAL OFFICE USE ONLY			
PETITION NUMBER	DATE RECEIVED (YYYY/MM/DD)	DESIGNATED/NOT DESIGNATED (YYYY/MM/DD)	OPPONENT NUMBER
REASON NOT DESIGNATED			