

CANDIDATE'S CONSENT TO NOMINATION

(to be given on or within one month before the last day for delivery of nomination papers, and delivered at the place and within the time appointed for delivery of nomination papers)

ELECTION OF DISTRICT COUNCILLOR(S)

for the

..... (WARD)

CHARNWOOD BOROUGH COUNCIL

Date of Election :

I, (name in full)

.....

of (home address in full)

.....

.....

hereby consent to my nomination as a candidate for election as councillor for the above Ward.

I declare that on the day of my nomination I am qualified and that, if there is a poll on the day of election, I will be qualified to be so elected by virtue of being on that day or those days a Commonwealth citizen, a citizen of the Republic of Ireland or a citizen of another Member State of the European Community, who as attained the age of 18 years and that

* (a) I am registered as a local government elector for the administrative area of Charnwood Borough Council in respect of (qualifying address in full)

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.....

and my electoral number is ; or

* (b) I have during the whole of the twelve months preceding the date of my nomination occupied as owner or tenant the land or other premises in that area (description and address of land or premises)

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.....; or

* (c) My principal or only place of work during those twelve months has been in that area at (give address of place of work and, if appropriate, name of employer)

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.....; or

* (d) I have during the whole of those twelve months resided in that area (give full address) :

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I declare to the best of my knowledge and belief I am not disqualified from being elected by reason of any disqualification set out in Section 80 of the Local Government Act 1972 or any decision made under Section 79 of the Local Government Act 2000, copies of which sections are enclosed and I do not hold a politically restricted post, within the meaning of Part 1 of the Local Government and Housing Act 1989, under a local authority, within the meaning of that Part.

Date of birth Signed

Signed in the presence of : Date

Signature of witness

Name and address of witness (please PRINT)

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* Delete whichever is inappropriate