

THE ELECTIONS ACT, 1991  
SECTION 278

Newfoundland & Labrador

Form 301  
Political Party Application

New Registration	<input type="checkbox"/>
Notice of Change	<input type="checkbox"/>

Full Name of Political Party
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Abbreviated Name	Name of Party Leader
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Date of Application for Registration
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Mailing Address of Party	Contact Person	Phone
City/Town	Postal Code	Fax

LOCATION OF RECORDS (if different from above)

Street Address	Contact Person		
City/Town	Postal Code	Phone	Facsimile

President

Chief Financial Officer

Name	Name		
Mailing Address	Phone	Mailing Address	Phone
City/Town	Postal Code	City/Town	Postal Code

**NAME OF PARTY** \_\_\_\_\_

**DATE OF APPLICATION FOR REGISTRATION** \_\_\_\_\_

**Principal Officers(Other than above)**

<b>Name</b>	<b>Position Held</b>
<b>Name</b>	<b>Position Held</b>

**AUDITOR**

<b>Name of Firm or Individual</b>	<b>Contact Person</b>	
<b>Mailing Address</b>	<b>Business Phone</b>	<b>Fax</b>
<b>City</b>	<b>Postal Code</b>	

**Financial Institutions**

List below, all chartered banks, trust companies or other financial institutions which are used as depositories for contributions to the Party. If the space provided below is insufficient, attach a list of any additional institutions used.

<b>Name of Institution</b>	<b>Name of Signing Officer</b>
<b>Mailing Address</b>	<b>Name of Signing Officer</b>
<b>City/Town</b>	<b>Postal Code</b>

<b>Name of Institution</b>	<b>Name of Signing Officer</b>
<b>Mailing Address</b>	<b>Name of Signing Officer</b>
<b>City/Town</b>	<b>Postal Code</b>



Name of Party \_\_\_\_\_

DATE OF APPLICATION FOR REGISTRATION \_\_\_\_\_

**CERTIFICATION**

I, \_\_\_\_\_, acting on behalf of \_\_\_\_\_  
(Name of Party)

Declare that all information included on this form is to the best of my knowledge and belief true and correct.

SIGNED \_\_\_\_\_

POSITION \_\_\_\_\_

**OFFICE OF THE CHIEF ELECTORAL OFFICER ONLY**

DATE RECEIVED \_\_\_\_\_

DATE APPROVED \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_

SIGNED \_\_\_\_\_  
(NAME) (POSITION)