

CONSTITUENCY ASSOCIATION APPLICATION FOR REGISTRATION

FINANCIAL ADMINISTRATION

**PLEASE PRINT IN BLOCK LETTERS OR TYPE
SEE REVERSE SIDE FOR INSTRUCTIONS**

PART A

1	FULL NAME OF CONSTITUENCY ASSOCIATION		<input type="checkbox"/>	NEW REGISTRATION
			<input type="checkbox"/>	NOTICE OF CHANGE
2	FULL NAME OF FINANCIAL AGENT	SAMPLE SIGNATURE		
	MAILING ADDRESS			
	CITY / TOWN	POSTAL CODE	EMAIL	<input type="checkbox"/>
				APPOINTMENT FORM ATTACHED
3	FULL NAME OF AUDITOR	SAMPLE SIGNATURE		
	MAILING ADDRESS			
	CITY / TOWN	POSTAL CODE	EMAIL	<input type="checkbox"/>
				APPOINTMENT FORM ATTACHED

PART B

	ACCOUNT NO. 1		ACCOUNT SIGNING OFFICER
1	FULL NAME OF SAVINGS INSTITUTION		ACCOUNT SIGNING OFFICER
	MAILING ADDRESS		ACCOUNT SIGNING OFFICER
	CITY / TOWN	POSTAL CODE	ACCOUNT SIGNING OFFICER
	ACCOUNT NO. 2		ACCOUNT SIGNING OFFICER
	FULL NAME OF SAVINGS INSTITUTION		ACCOUNT SIGNING OFFICER
	MAILING ADDRESS		ACCOUNT SIGNING OFFICER
	CITY / TOWN	POSTAL CODE	ACCOUNT SIGNING OFFICER
	ACCOUNT NO. 3		ACCOUNT SIGNING OFFICER
	FULL NAME OF SAVINGS INSTITUTION		ACCOUNT SIGNING OFFICER
	MAILING ADDRESS		ACCOUNT SIGNING OFFICER
	CITY / TOWN	POSTAL CODE	ACCOUNT SIGNING OFFICER

This form is available for public inspection at the Chief Electoral Office during regular office hours.

CHIEF ELECTORAL OFFICE USE ONLY

DATE RECEIVED: (YYYY / MM / DD)

REGISTRATION NO.

**CONSTITUENCY ASSOCIATION
FINANCIAL ADMINISTRATION - FORM 479
INSTRUCTIONS**

PRINT IN BLOCK LETTERS OR TYPE, EXCEPT WHERE A SIGNATURE IS REQUIRED.

PART A

- ❶ **Constituency association name:** Provide your organization's full (formal) name (e.g., Elections British Columbia).
New registration: Mark this box if your constituency association has not been previously registered with this office. Elections BC must receive your complete application package in order for your application to be considered.
Notice of change: If your organization is filing a notice to change your current registration information, mark this box. To file a notice of change, enclose the relevant portions of the application package. The notice of change must include a completed authorization - form 480.
- ❷ Provide the name and the mailing address of the individual appointed as financial agent. A sample signature of the financial agent is required for income tax receipting purposes. A copy of the financial agent's appointment form must be included. For more details on appointing a financial agent, refer to the constituency association registration guide.
- ❸ Provide the name and mailing address of the auditor. If your organization is appointing a firm as your auditor, the name of the firm must be provided. If a firm is being appointed, a sample signature is not required.

PART B

- ❶ For each account (i.e., cash, savings, chequing, etc.), provide the full name and address of the savings institution (i.e., banks, credit union, trust company, etc.) used by your organization for depositing money received and from which expenditures of the constituency association are paid.

Each account must be shown separately. For example, if your organization has 3 accounts in one savings institution, the blocks titled Account No. 1, Account No. 2 and Account No. 3 must be used. If more space is needed to list additional accounts or the required information for each account, please attach the additional information.

The (printed) names of the signing officers for each account are required. If the constituency association has more than 4 signing officers for an account, please attach the additional names.

Questions?

For more information

Phone toll-free 1-800-661-8683 / TTY 1-888-456-5448

or contact

Elections British Columbia

Mailing Address: PO Box 9275 Stn Prov Govt, Victoria, BC V8W 9J6

Phone: (250) 387-5305

Toll-free: 1-800-661-8683

Fax: (250) 387-3578

Toll-free Fax: 1-866-466-0665

Email: electionsbc@elections.bc.ca

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