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| --- | --- | --- | --- |
| Office Use only | Date received | Time received | Initials |
|  |  |  |

Local Council Elections

Withdrawal of candidate

1c

|  |  |
| --- | --- |
| District  |  |
| District Electoral Area |  |
| Date of poll | Thursday 2 May 2019 |

|  |
| --- |
| **Candidate’s details**  |
| Candidate’s full name |  |
| Candidate’s address (in full) |  |
| Having been nominated as a candidate at the above election I hereby give you notice that I withdraw my name from candidature at such election. |
| Candidate’s signature |  | Date |  |

|  |
| --- |
| **Witness details** |
| I confirm the candidate named above signed this declaration in my presence. |
| Witness’ full name |  |
| Witness’ address (in full) |  |
| Witness’ signature  |  | Date |  |

This form must be delivered to the Deputy Returning Officer by 1pm on Monday 8 April 2019.