

# INITIATIVE VOTE APPLICATION FOR FINANCIAL AGENT

PLEASE PRINT IN BLOCK LETTERS  
SEE REVERSE SIDE FOR INSTRUCTIONS

**PART A**

TITLE OF INITIATIVE
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FULL NAME OF APPLICANT
------------------------

OPPONENT     PROPONENT

**PROPOSED FINANCIAL AGENT**

LAST NAME	FIRST NAME	MIDDLE NAME(S)
MAILING ADDRESS		HOME PHONE *
CITY/TOWN	POSTAL CODE	WORK PHONE
EMAIL		FAX

COMMUNICATIONS ADDRESS (IF DIFFERENT FROM ADDRESS ABOVE) *	
CITY/TOWN	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. ✓

In accordance with section 168 of the *Recall and Initiative Act*, I am requesting that my home telephone number be obscured for the purpose of public inspection.  YES

**PART B**

- I consent to act as financial agent for an authorized participant, if designated under the *Recall and Initiative Act*.
- I understand the obligations and responsibilities as a financial agent under the *Recall and Initiative Act*.
- I am not disqualified from acting as financial agent under sections 29 or 59 of the *Recall and Initiative Act*.

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

Signing a false statement is a serious offence and is subject to significant penalties.

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

**CHIEF ELECTORAL OFFICE USE ONLY**

INITIATIVE VOTE NUMBER	DATE RECEIVED (YYYY/MM/DD)	DESIGNATED/NOT DESIGNATED (YYYY/MM/DD)	REGISTRATION NUMBER
REASON NOT DESIGNATED			

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

**INITIATIVE VOTE  
APPLICATION FOR FINANCIAL AGENT – FORM 927  
INSTRUCTIONS**

**PART A**

Enter the title of the initiative and full name of the applicant (opponent or proponent). Individuals applying to be an initiative vote opponent or proponent may apply to act as their own financial agent, instead of appointing another individual.

Complete the name, mailing address and contact information of the proposed financial agent. This information will be available for public inspection. The protection of personal information only applies to residential telephone numbers.

**PART B**

The proposed financial agent must sign the appointment form, indicating their consent to the appointment, confirming their qualifications to act as a financial agent, and acknowledging the duties and responsibilities of the position. The financial agent is responsible for administering finances in accordance with the *Recall and Initiative Act*.

Signing a false statement is an offence and is subject to significant penalties. [*Recall and Initiative Act*, section 162].

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**Questions?**

**For more information**

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

or contact

Elections British Columbia

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