

# Nomination of a Deputy Registered Officer

To be completed by the party's Registered Officer

#### **Inquiries and lodgements**

Please direct all inquiries and lodgements to the Funding and Disclosure Unit by:

Email: <u>fad@ecq.qld.gov.au</u> Telephone: 1300 881 665 Post: GPO Box 1393 BRISBANE QLD 4001

### PART A Party details

Name of party

Name of Registered Officer

## PART B

#### **Proposed Deputy Registered Officer**

I hereby nominate the following person to the position of Deputy Registered Officer for the party.

| Name of proposed Deputy<br>Registered Officer      |      |   |   |   |
|--|------|---|---|---|
| Postal address<br>(party related correspondence)   |      |   |   |   |
|  |      |   |   |   |
| Phone  |      |   |   |   |
| <b>Facsimile</b><br>(if applicable)                |      |   |   |   |
| Email  |      |   |   |   |
| Other contact detail<br>(please specify)           |      |   |   |   |
| Signature of proposed<br>Deputy Registered Officer | Date | > | / | / |
| Signature of Registered Officer                    | Date | ý | / | / |

| Office use only |          |        |              |
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|                 | Received | Reg no | Date scanned |
|                 |          |        |              |

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