



Application to Modify a Group of Candidates

The *Local Government Electoral Act 2011* allows candidates to form a group to contest an election. If there is a requirement to amend the membership of the group after registration, this form should be completed and submitted to the ECQ by a member of the group. This form can also be submitted online through the Election Management System, available at www.ecq.qld.gov.au.

Lodgement timeframe

Groups can amend their membership at any time up to the close of nominations for an election.

Enquiries and lodgements

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

Email: fad@ecq.qld.gov.au

Post: GPO Box 1393

Telephone: 1300 881 665

BRISBANE QLD 4001

Part A: Group details

Name of group

Local government area

Part B: Candidates to add or remove (Complete the table below with the names of each candidate who is to be added or removed as a member of the group – please tick one box per row only)

Name of candidate	Add	Remove
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Please attach additional pages in the same format if there is insufficient space on this form.

Part D: Agent acknowledgement

I, ,

the agent of the local government group known as ,

acknowledge the change in group membership listed in Part B, and confirm that I understand how this membership change impacts on my obligations as the responsible agent for the group.

Signature

Date / /
(dd/mm/yyyy)

Part E: Candidate signatures

All candidates in the group, including those who are not impacted by the changes listed in Part B above, and those who are seeking to join or leave the group, must sign here to acknowledge the change in group membership.

Name	Signature	Date
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Please attach additional pages in the same format if there is insufficient space on this form.