

## **Candidate request for electronic roll**

Candidate details			
SURNAME		GIVEN NAME(S)	
ENROLLED ADDRESS	]	SUBURB	STATE POSTCODE
CONTACT PHONE NUMBER (required for your security code) DATE OF ELECTION (you must provide at least one contact number)			
Contest: (please tick as applicable)  Legislative Council – New South Wales or Legislative Assembly  ELECTORAL DISTRICT			
Select how the enrolment information is to be provided (please tick one ONLY) to Election Manager's office for collection to registered party for forwarding to you (if applicable)			
Candidate undertaking			
l, the above named candidate, have completed the attached undertaking concerning the security of enrolment information. I understand my obligations as detailed in the undertaking, which include the following:			
• I am only permitted to use the enrolment information I wish to receive solely for campaign purposes and monitoring the accuracy of enrolment information in relation to the above election, in which I am a candidate.			
• I must maintain systems and procedures that are adequate to preserve the security of enrolment information and will comply with the NSW Electoral Commission's Minimum System & Procedure Requirements as detailed in the undertaking.			
• I must not disclose enrolment information in any form to any other person or entity. I must not use enrolment information for a commercial purpose.			
• If I provide enrolment information to a contracted service provider such as a mailing house this will only be for my campaign purposes in relation to the above election. The agreement with the service provider must also ensure that adequate systems and procedures are in place to preserve the security of enrolment information, for example, enrolment information must remain private and confidential, enrolment information must not be copied for the provider's own purposes, and enrolment information must be returned to me at the completion of the contracted service.			
• Immediately following the declaration of the results of the election, I must destroy the encrypted data file and to erase/destroy all data copied from it.			
I understand that all enrolment information is protected information and is provided by the Electoral Commissioner subject to sections 48, 49, 51 and 52 of the <i>Electoral Act 2017</i> and that my failure to comply with a protected information provision is an offence under the Act and may result in significant monetary penalties.			
Your personal information The personal information on this form is collected and used by the Electoral Commission to undertake its functions under the Electoral Act and other legislation. The Electoral Commissioner may from time to time make public reference about the provision of enrolment information to a specific candidate. The information on this form may also be disclosed to other government agencies and as otherwise authorised or required by law. Your failure to complete this form may result in your request being delayed or refused. Please refer to the Electoral Commission's Privacy Management Plan concerning access to and correction of your personal information.			
Û		DD / MM / YYYY	
SIGNATURE OF CANDIDATE		DATE	
This form and undertaking (SE.220A) must be signed and returned to: enrolmentsupport@elections.nsw.gov.au OFFICE USE ONLY			
RECEIVED BY	DD / MM / YYYY DATE RECEIVED BY	PROVIDED BY	DD / MM / YYYY DATE PROVIDED TO
Collection of electronic roll	ENROLMENT SUPPORT		CANDIDATE/REPRESENTATIVE
	Ŵ		DD / MM / YYYY
COLLECTED BY	SIGNATURE		FILE NO.