

# Request to form a Group

## 2024 NSW Local Government elections

**Instructions:** Candidates can complete their nomination forms in one of two ways, either:

- use the NSW Electoral Commission’s (NSWEC) Nominations Online Management System available at [elections.nsw.gov.au](https://elections.nsw.gov.au); or
- use paper forms.

If forming a group on the Councillor ballot paper the following must be lodged:

- Request to form a group form **LG.204**;
- a **LG.202** or **LG.203** nomination form for each candidate within the group; and
- the nomination deposit.

Forms must be lodged from 8am, Monday 5 August 2024 to 12 noon, Wednesday 14 August 2024. For information visit [elections.nsw.gov.au](https://elections.nsw.gov.au) or call the NSWEC candidate helpdesk on 1300 022 011.

**Privacy statement:** NSW Electoral Commission collects information on this form for the purposes of processing nominations, to contact candidates and nominators to send information, reminders or surveys about the election and to support our functions. Our staff and contractors have access to the information in this form. We may disclose this information to third-party providers to carry out our functions, and to others if legally required or authorised. We publish the candidate’s name and enrolled suburb, town or locality on our website, and if elected, we provide the candidate’s contact details to parliament. If the information required by this form is not provided, we may not be able to process this nomination. See the [Privacy Management Plan](#) on our website about access to and correcting your personal information.

**Please print within the boxes using block letters.**

Part A – Council details		
<input style="width: 95%; height: 20px;" type="text"/> <small>LOCAL GOVERNMENT (COUNCIL) AREA</small>	<input style="width: 95%; height: 20px;" type="text"/> <small>WARD (IF APPLICABLE)</small>	
<input style="width: 95%; height: 20px;" type="text"/> <small>ELECTION DAY</small>		
<input style="width: 95%; height: 20px;" type="text"/> <small>SURNAME OF LEAD CANDIDATE (APPEARING AT HEAD OF GROUP)</small>	<input style="width: 95%; height: 20px;" type="text"/> <small>GIVEN NAME(S) OF LEAD CANDIDATE (APPEARING AT HEAD OF GROUP)</small>	
Part B – Request for Group Voting Square (above the line voting)		
<p>Candidates can request a group voting square (above the line voting) to appear on the ballot paper if:</p> <p>a) in the case of a council area that is undivided – the number of candidates in the group is at least half the number of candidates to be elected in that council area, or</p> <p>b) in the case of a council area divided into wards – there are at least as many candidates in the group as there are candidates to be elected in that ward.</p> <p><b>We request a group voting square for the group on the ballot papers</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No (please tick one box only).</p>		
Part C – Registered Political Parties requesting a composite name		
<p><b>Note:</b> Part C is only required to be completed where two (2) or more Registered Political Parties form a composite group to appear on the ballot paper.</p> <p>We, the Registered Officers/Deputy Registered Officers of the following Registered Political Parties, request that the following composite name be printed adjacent to the group voting square on the ballot paper in respect to the group listed in <b>'Part D – Group details'</b> on this form.</p>		
<input style="width: 95%; height: 20px;" type="text"/> <small>COMPOSITE NAME OF GROUP</small>		
<input style="width: 95%; height: 20px;" type="text"/> <small>NAME OF REGISTERED POLITICAL PARTY</small>		
<input style="width: 95%; height: 20px;" type="text"/> <small>NAME OF REGISTERED/DEPUTY REGISTERED OFFICER</small>	<input style="width: 95%; height: 20px;" type="text"/> <small>SIGNATURE OF REGISTERED/DEPUTY REGISTERED OFFICER</small>	<input style="width: 95%; height: 20px;" type="text"/> <small>DD / MM / YYYY</small> <small>DATE</small>
<input style="width: 95%; height: 20px;" type="text"/> <small>NAME OF REGISTERED POLITICAL PARTY</small>		
<input style="width: 95%; height: 20px;" type="text"/> <small>NAME OF REGISTERED/DEPUTY REGISTERED OFFICER</small>	<input style="width: 95%; height: 20px;" type="text"/> <small>SIGNATURE OF REGISTERED/DEPUTY REGISTERED OFFICER</small>	<input style="width: 95%; height: 20px;" type="text"/> <small>DD / MM / YYYY</small> <small>DATE</small>

## Part D – Group details

**Note 1:** The signature of the candidate must appear opposite the candidates name to signify consent to the inclusion of the name in the group and to the order in which the candidates names are included in the group. In the case of a candidate nominated by a Registered Political Party the Registered Officer/Deputy Registered Officer of that Party **cannot** sign on behalf of the candidate.

**Note 2:** Where a nomination form from a candidate within a group is rejected by the Returning Officer, the group order will be adjusted with every candidate listed below the rejected candidate moving up one position within the group.

We the undersigned candidates request to form a group to appear on the ballot paper and to have our names included in that group in the order specified below.

Group order	Surname	Given name	Signature of candidate	Date
1.*				DD / MM / YYYY
2.				DD / MM / YYYY
3.				DD / MM / YYYY
4.				DD / MM / YYYY
5.				DD / MM / YYYY
6.				DD / MM / YYYY
7.				DD / MM / YYYY
8.				DD / MM / YYYY
9.				DD / MM / YYYY
10.				DD / MM / YYYY
11.				DD / MM / YYYY
12.				DD / MM / YYYY
13.				DD / MM / YYYY
14.				DD / MM / YYYY
15.				DD / MM / YYYY
16.				DD / MM / YYYY
17.				DD / MM / YYYY
18.				DD / MM / YYYY
19.				DD / MM / YYYY
20.				DD / MM / YYYY

\*Lead candidate of the group.

**Note:** The candidate in position '1' is the lead candidate. Where the nomination of the lead candidate is rejected or the lead candidate withdraws their nomination the group is considered dissolved.

Under the *Electoral Funding Act 2018* the lead candidate of a group is responsible for submitting disclosures of the political donations and electoral expenditure of the group, and for operating the campaign account of the group. All candidates who are members of a group are also responsible for submitting their own individual disclosures and for operating their own campaign account. A campaign account is required for a candidate or group if the political donations or electoral expenditure of the candidate or group total \$1,000 or more. It is important that candidates refer to [elections.nsw.gov.au](http://elections.nsw.gov.au) for information about making disclosures and operating campaign accounts.

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AM  PM  
 DATE RECEIVED      TIME RECEIVED

ELECTION OFFICIAL NAME



ELECTION OFFICIAL SIGNATURE

## Part E – Nomination deposit return

**Note:** In the instance a group is being formed and the nomination deposit is being paid with lodgement of the group please complete this section.

<input type="text"/>	<input type="text"/>
COUNCIL	WARD (IF APPLICABLE)
<input type="text"/>	<input type="text"/>
SURNAME OF CANDIDATE	GIVEN NAME(S) OF CANDIDATE

### Details of person to receive deposit

<input type="text"/>			
CONTACT NAME			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POSTAL ADDRESS	SUBURB	STATE	POSTCODE
<input type="text"/>			
PHONE NUMBER			
<input type="text"/>			
EMAIL ADDRESS FOR REMITTANCE ADVICE			

I enclose the sum of \$125 for each candidate within the group (capped at \$625 for a group 6 or more) in the form of:

- Cash
- Cheque (drawn by an authorised deposit taking institution, that is bank cheque or building society cheque only. Personal cheques not accepted).

<input type="text"/>
\$
AMOUNT OF NOMINATION DEPOSIT

### Bank account details to receive nomination deposit return

<input type="text"/>	<input type="text"/>	
BANK NAME	BRANCH NAME	
<input type="text"/>		
BANK ACCOUNT NAME		
<input type="text"/>	<input type="text"/>	<input type="text"/>
BSB NUMBER	BANK ACCOUNT NUMBER	
<input type="text"/>	<input type="text"/>	
SIGNATURE OF CANDIDATE	DATE	

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<input type="text"/>	<input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/>
DATE RECEIVED	TIME RECEIVED		DEPOSIT RECEIPT NUMBER
<input type="text"/>	<input type="text"/>		<input type="text"/>
ELECTION OFFICIAL NAME			ELECTION OFFICIAL SIGNATURE