

FORM NO. 3

(Section 15(1))

NOTICE OF CLAIM

To the Supervisor of Elections

TAKE NOTICE that I

of.....

(Place of residence)

.....

(Occupation)

am qualified for inclusion in the electors list for the electoral district and that my name, address and occupation have been *(omitted from)(wrongly stated in) such list and that I hereby claim that such list be amended *(by the insertion of my name, address and occupation therein)(by the correction of the particulars therein relating to my name, address and occupation), as follows:

Dated this day of..... 20

.....
Signature of Claimant

* Strike out bracketed words if not applicable
