

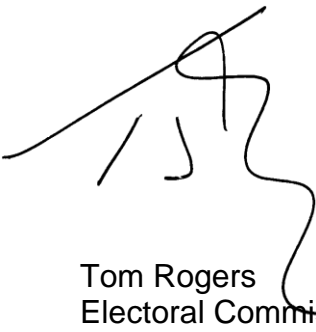
# AUSTRALIAN ELECTORAL COMMISSION

## ***Commonwealth Electoral Act 1918***

### **APPROVED FORM FOR THE PURPOSE OF AN OBJECTION CLAIM THAT AN ELECTOR SHOULD NOT BE ENROLLED**

I, TOM ROGERS, Electoral Commissioner, for the purposes of subsection 4(1) and sections 114 and 115 of the *Commonwealth Electoral Act 1918* (the Electoral Act) do hereby:

- a. revoke the previous form approved for the purposes of a private objection under sections 114 and 115 of the Electoral Act;
- b. approve the form that appears in Schedule 1 to this Instrument to be an approved form pursuant to subsection 4(1) and sections 114 and 115 of the Electoral Act for the purpose of a private objection claim that an elector should not be enrolled; and
- c. declare that this Instrument takes effect upon execution.



Tom Rogers  
Electoral Commissioner

3 February 2022

# SCHEDULE



## Objection claim that an elector should not be enrolled

### Instructions

#### 1 Details of the elector who should not be enrolled

**Elector's current name** Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

**Elector's enrolled address**  
As shown on the electoral roll

State  Postcode

**Elector's current postal address** (if known)  
Leave blank if the same as enrolled address

State  Postcode

#### 2 Reason the elector should not be enrolled

**Of unsound mind and incapable of understanding the nature and significance of enrolment and voting**  
**Note:** The medical certificate on the next page must be completed by a registered medical practitioner.

or

**Other reason** – list objection reason number from page 2

#### 3 Details of the person lodging the objection

**Your name** Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

**Date of birth** (dd/mm/yyyy)  /  /

**Residential address**

State  Postcode

**Postal address**  
Leave blank if the same as residential address

State  Postcode


**Phone numbers** Mobile  Daytime (  )

**Email address**

#### 4 Declaration

- The information I have given is true and complete.
- I am aware that my name and address, and the reasons I have given for my objection, will be provided to the elector.
- I understand that giving false or misleading information is a serious offence.

#### Signature of person making the objection

 Please print and sign your form / /

**Important** – The Medical Certificate on the next page must be completed by a registered medical practitioner if you believe the enrolled person is of unsound mind and incapable of understanding the nature and significance of enrolment and voting

#### OFFICE USE ONLY

Date rec.  /  /

Medical Certificate completed? No  Yes

Deposit applies?  
No  Deposit returned  /  /   
Yes  Deposit received  /  /  Receipt no.