## OFFICE OF THE SUPERVISOR OF ELECTIONS GOVERNMENT OF THE BRITISH VIRGIN ISLANDS

## FORM FOR PARTICULARS AND SYMBOLS OF INDEPENDENT CANDIDATES

| To (Please Print Name)  | of      |
|---|---------|
| (Address)holding the  | he      |
| occupation of am contesting the General Election  | on      |
| immediately forthcoming in theElectoral District and submit the following                       | ng      |
| symbol for use in the said election.  |         |
| Insert Symbol* in the box below   |         |
|   |         |
| Note: Please provide <u>symbol</u> to the Office of the Supervisor of Elections electronically. |         |
| I (Print Name) Declare that the above statement is true and correct.                            |         |
| Dated this, 20, 20  |         |
| Signature of Independent Candida  | <br>ite |

<sup>\*</sup>Please Note: A brief description of the symbol that is being used in this election is required.