Form No. 3

Sections 10(2) and 19(1)

Signature of Claimant

Notice of Claim

To the Supervisor of Elections
TAKE NOTICE that I,
(Name of Claimant)
of
(Place of Residence)
(Occupation)
am qualified for inclusion in the [provisional] [preliminary]* list of voters for the
electoral district and that my
(a) name has been [omitted from] [wrongly stated in]* the list
(b) address has been [omitted from] [wrongly stated in]* the list
(c) occupation has been [omitted from] [wrongly stated in]* the list or has been changed
and that I hereby claim that such list be amended as follows:
Dated this, 20

^{*}Strike out bracketed word(s) not applicable