## **Voter Declaration Accompanying the Mail-in Nomination form**

This declaration must be signed by you and a witness, who is at least 18 years old, and be returned to the Electoral Officer with your completed nomination form or your nomination will not be accepted.

in the matter of the ele	ction of Mpissing Fi	rst nation, neid	according to the N	ipissirig
First Nation Custom E	lection Regulations,	l		_ solemnly
declare that:		(Please	e print your name)	
I am a member of t	he Ninissina First Na	ation:		
<ol><li>My Band number is</li></ol>			irth is	
My current mailing		ia my date ei si		
4. My telephone numb				
4. My telephone name	CI 13	<del>-</del>		
5. I am at least 18 yea	ars of age;			
6. I do not know of an election;	y reason why I woul	d be disqualifie	d from nominating i	n this
I make this solemn de has the same force an to make a false staten	d effect as if made ι	under oath. I ur		
Signatu	e of Elector		Date	
	<u>Witness</u>	<u>Declaration</u>		
Declared before me		at		
<u></u>	(Print witness name)		(municipality)	
Declared before me _ this (date)	_ day of(monf	2 th)	(year)	
Signature of Witness				
Address				
City	Province		Postal Code	
Telephone number of W	itness:			