RODRIGUES REGIONAL ASSEMBLY ELECTIONS 2017 FORM 6

[Regulation 16(1)]

PARTY LIST FOR ISLAND REGION ELECTION

To the Elector	oral Commis	sioner						
We, the unde	ersigned, bein	ng the presid	dent and secret	ary respe	ectively,	of the		
			 name of party/p					••••
which ha	as been	duly	registered	for	the	purpose	of	the
Rodrigues R	egional Asse	mbly ordina	ary election to	be held o	on			,
do hereby s	ubmit the lis	st of candid	lates of our al	oove me	ntioned	party/party	alliance [,]	* for
election as r	nember/s* o	f the Island	I region in acc	ordance	with se	ection 9 of th	ne Rodri	gues
Regional Ass	sembly Act.							
party list and	l declare that	_	eedence of eac					
(b) not m	nore than 2 co	onsecutive o	candidates on t	he said p	arty list	are of the sar	me sex.	
We certify t	that, to the b	pest of our	knowledge ar	nd belief	and in	accordance	with see	ction
9(3)(b) of the	e Rodrigues	Regional A	ssembly Act, n	one of th	ne candi	dates include	ed on the	said
list –								
(a) is a p	person whose	name is in	cluded on any	other lis	st submi	tted by a reg	gistered _]	party
for el	ection as a m	nember for t	he Island region	on; and				
(b) is an	individual o	r a register	ed party candi	date for	election	as a membe	er for a	local
regio	n.							

We attach herewith the declaration signed by each candidate in Form 7.

${\bf LIST\ OF\ PARTY\ CANDIDATES\ (in\ order\ of\ precedence)}$

	Surname	Other names	Sex	National Identity Card Number	Address	Occupation	Signature
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

(to be completed in the case of a party not forming part of a party alliance)

NYG	Name of president										Name of secretary																			
NIC No.															NIC No.															
(where NIC is being submitted as proof of identity) Signature of president												(where NIC is being submitted as proof of identity) Signature of secretary																		
(to be completed in the case of a party alliance)																														
NEC				Na	me	of p	res	iden	t					Name of secretary																
NIC No.															NIC No.															
(where NIC is being submitted as proof of identity) Signature of president Name of president NiC No. (where NIC is being submitted as proof of identity) Signature of president											NIC No.	(w	here		IIC is	 N bei	am	sub	f s	ecre		roc	of of id		<u> </u>					
Dated this day of																														
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																						ure								
																			\boldsymbol{E}	lec	to	ral	Ca	omn	niss	ioi	ner			

^{*} delete as appropriate