## FORM OF OBJECTION

To: The Registering Officer for the constituency of	
Take notice that I	of
(Full Name in BLOCK L.	
(Address)	whose electoral
	C 41 414 6
number in the *preliminary register/monthly list	for the constituency of
	. is(Insert Number)
and whose occupation is	
	object to the inclusion of
(Name in BLOCK LETTERS of person obje	ected to)
of(Address of person objected to)	
(Address of person objected to)	
whose electoral number in the *preliminary register/monthly	list for the constituency of
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
is	
in t list for that constituency.	he *preliminary register/monthly
My reasons for objection are as follows:-	
Trif Tousday for degetter are as forews.	
Dated this	20
Signatui	re or mark of objector.

<sup>\*</sup>Delete if inapplicable.