**TICKET REGISTRATION FORM**

**PLEASE ENSURE YOU WRITE NEATLY AND USE BLOCK LETTERS ONLY**

Ticket registration is on a first-come, first served basis. If candidates register a largely similar or identical name, whoever submitted the registration first will be given the rights to the name. If identical or near identical ticket applications are received before the opening of registrations, they are treated as equal and will be subject to a random number draw to determine who registers the name.

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| --- | --- | --- | --- | --- |
| NAME OF TICKET: |  | | | |
| AUTHORISED OFFICER DETAILS | | | | |
| First Name: |  | **Last Name:** |  | |
| Student ID: |  | **Email Address:** |  | |
| Address: |  | | | |
|  | | | |
| Mobile Phone Number: |  | **Signature:** |  | |
| IF THIS IS A REREGISTRATION OF A TICKET | | | | |
| Name of most recent authorising officer: |  | **Signature of most recent authorising officer:** |  | |
|  |  |  | |  |
| We, the undersigned, support the registration of the ticket as provided for above and consent to the Returning Officer verifying our enrolment details with the University to determine our eligibility to participate in the election: | | | | |

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| --- | --- | --- | --- |
| First Name | Last Name | Student ID | Signature |
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