**TICKET REGISTRATION FORM**

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

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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:** |
|  |  |  |  |
| **First Name** | **Last Name** | **Student ID** | **Signature** |
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|  |  |  |  |
| **First Name** | **Last Name** | **Student ID** | **Signature** |
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**Office Use Only**

Date Received: ................................... Time Received: ................................... Received By: ...................................