

WITHDRAWAL OF CONSENT TO NOMINATION**This form may be lodged by a candidate at any time before the hour of nomination.**

TO: The Australian Electoral Officer*/Divisional Returning Officer*

I,
(Christian or given names)
(Surname or family name)of ,
(Residential Address), , withdraw my consent to nomination as
(Occupation)

Senator*/Member of the House of Representatives.*

*Delete whichever is not applicable

..... / /
(Signature of candidate).....
(Full name of witness).....
(Address of witness)..... / /
(Signature of witness)