

WITHDRAWAL OF NOMINATION FORM

Note:

Your completed form must be delivered to the Returning Officer or any authorized Fijian Election Official by 4pm on Friday, 22 September 2023.

1. Name of Nominee	Mr. Mrs. Ms.
Surname	
Other Name (s)	
2. Date of Birth	
3. Residential Add	ress
4. Nominated posit	ion

FHL Independent Director

6. Withdrawal of Nomination

I have been duly nominated for the above-named position in the FHL Independent Director election. However, I do not wish to be nominated and I hereby withdraw my nomination for the above election.

Signature: _____ Date: _____

For Official Use Only

Date	Time	Name of FEO Official	Signature

IE-10-004