

FIRST SCHEDULE

(Regulations 3, 4, 5, 6, 7(1),
8, 9(2), 10, 11, 12, 13(1),
13(2), 14 and 15)

FORM 1

JAMAICA

THE REPRESENTATION OF THE PEOPLE ACT

The Political Parties Registration Regulations, 2017

APPLICATION FOR REGISTRATION OF A POLITICAL PARTY

(under section 52D (1))

Application No.:

Date of Application:
.....

To: The Chairman
Electoral Commission of Jamaica

Through the Registrar of Political Parties

.....

.....

..... (Address)

We,, (*name of the President or Leader*) and
.....(*name of one other authorized representative*) of
.....(*name of political party*) that proposes to
operate or function as a registered political party under the Representation of the People Act (called the
"applicant party") **JOINTLY APPLY** to the Commission for registration of the applicant party as a
registered political party.

1. NAME OF THE APPLICANT PARTY AS STATED IN ITS CONSTITUTION

(1). Name of the applicant party as stated in its constitution:
(2). Previous name (<i>List any other name under which the applicant party has operated</i>): N/A <input type="checkbox"/>
(3). Any other name by which the applicant party will be known (For example, <i>an acronym or an abbreviated name</i>): N/A <input type="checkbox"/>

2. YOUR POLITICAL PARTY’S ADDRESS

.....

.....

.....

3. ADDRESS OF YOUR POLITICAL PARTY’S WEBSITE:

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4. YOUR POLITICAL PARTY’S CONSTITUTION:

Tick as applicable

Legal form	Type of constitution or governing document
1. Company	Memorandum and articles of association or articles of incorporation*
2. Body corporate other than company	Charter, statute or other like instrument by which it is established
3. Unincorporated association	Constitution
4. Trust	Deed of trust (trust deed)
5. Statutory corporation	Act of Parliament or Royal Charter
6. Other (specify below)	Other (specify below)
	*as originally framed and as altered by special resolution

5. MAIN ACTIVITIES OF THE PARTY:

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6. DELIVERY OF ACTIVITIES of the party:

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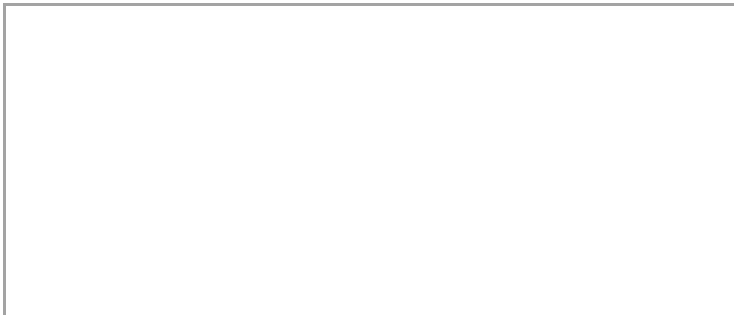
7. SLOGAN of the party, if any:

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8. LOGO of the party, if any:



9. **COLOURS** of the party, if any:

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10. **ADDRESS OF THE HEAD OFFICE OF THE APPLICANT PARTY WHERE RECORDS ARE MAINTAINED AND TO WHICH COMMUNICATIONS MAY BE ADDRESSED:**

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11. **NAME AND CONTACT DETAILS OF THE PRESIDENT/LEADER OF THE APPLICANT PARTY:**

Name: *Title* Mr./Mrs./Miss.....*Surname*.....

First and Middle Names.....

Address.....

.....
Telephone number (.....).....

Cell number (.....).....

Fax number (.....).....

E-mail address.....

12. The following person has been nominated to be designated as the authorized representative of the applicant party:

Name: *Title* Mr./Mrs./Miss.....*Surname*.....

First and Middle Names.....

Address.....

.....
Telephone number (.....).....

Cell number (.....).....

Fax number (.....).....

E-mail address.....

Signature:

Position in the political party

13. NAME AND CONTACT DETAILS OF THE APPOINTED AUDITOR OF THE APPLICANT PARTY:

Name: *Title* Mr./Mrs./Miss.....*Surname*.....
First and Middle Names.....
Address.....
Telephone number (.....).....
Cell number (.....).....
Fax number (.....).....
E-mail address.....

14. ACCOMPANIMENTS

We submit in support of this application the following –

Tick if submitted

- two copies of the constitution of the applicant party which shall contain provisions with respect to the matters referred to in the Sixth Schedule to the Act;
- the documents and information referred to in the Seventh Schedule to the Act; and
- the prescribed fee.

15. SIGNATURE AND DECLARATION

<p>Declaration</p> <p>We certify that the information submitted in this application is correct, to the best of our knowledge and belief.</p> <p>We confirm that the information provided has been approved by the applicant party and we are authorized to submit this information.</p> <p>(President/Leader):</p> <p>Signature:.....</p> <p>Name:</p> <p>Date:.....</p>
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(Authorized Representative):

Signature:-----

Name:-----

Date:.....

Stamp or seal of the applicant party:-----

FOR OFFICIAL USE ONLY

Date Application was received by the Commission / /
(dd/mm/yyyy)

Checked by: Mrs. /Mr. Ms. _____

Forms completed: Yes No

Attachments submitted: Yes No

- Constitution Yes No
- Audited financial statements (where applicable) Yes No

Date application forwarded to Commission / /
(dd/mm/yyyy)

Date response received from Commission / /
(dd/mm/yyyy)

Provisional registration granted: Yes No

If no, reason:

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Date political party advised: ____/____/____
(dd/mm/yyyy)

Registration Certificate No: _____

Date certificate of approval was issued ____/____/____
(dd/mm/yyyy)