

**APPENDIX "O": SWORN AFFIDAVIT**

**METLAKATLA FIRST NATION**

**Candidates interested in a Chief or Council position must fill this out and present to the Electoral Officer at least 7 days in advance of the nomination meeting along with a completed criminal record check (not more than 6 months old) and Written Declaration of Eligibility (Appendix E)**

*YOU MUST COMPLETE THIS FORM IN ITS ENTIRETY- INCOMPLETE FORMS MAY NOT BE ACCEPTED,*

**CANDIDATE DECLARATION**

I solemnly declare that I am an eligible Voter of the Metlakatla First Nation pursuant to the customary Election Regulations of the *Metlakatla First Nation Election Code*, at the address listed below, and;

1. That I have reviewed, understand, and shall execute the "Oath of Office" requirements in accordance with and pursuant to this Code; and
2. That I have reviewed, understand, and shall comply with the various policies, procedures and regulations requirements governing the Metlakatla First Nation; and
3. That I am not presently in Bankruptcy proceedings and they have not been discharged from Bankruptcy within the last seven (7) years.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Registry Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ On-Reserve: \_\_\_\_\_ (yes) \_\_\_\_\_ (no)

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

X \_\_\_\_\_ Candidate Signature

**WITNESS DECLARATION**

I swear and affirm that I have witnessed the signature above. Print name: \_\_\_\_\_

X \_\_\_\_\_ Signed Metlakatla Membership Clerk or Notary Public