Withdrawal of Candidate

Scottish Parliamentary Election

Constituency

|  |  |  |  |
| --- | --- | --- | --- |
| Constituency Name |  | Date of Election |  |

To the Constituency Returning Officer for the above constituency

|  |  |
| --- | --- |
| Candidate’s name |  |
| Address |  |

Having been nominated as a candidate at the above election I hereby give you notice that I withdraw my nomination as a candidate

|  |  |
| --- | --- |
| Candidate’s signature |  |
| Date |  |

|  |
| --- |
| Witness  |

The above named candidate signed this document in my presence

|  |  |
| --- | --- |
| Name of witness |  |
| Signature of witness |  |
| Date |  |

This form must be delivered by hand or by post to the Constituency Returning Officer by the close of nominations.

Constituency Returning Officer

Election Office

County Buildings

Wellington Square

AYR KA7 1DR