

**Section A – Report information**

A candidate has to appoint an auditor without delay after contributions totalling \$10,000 or more are accepted, electoral campaign expenses totalling \$10,000 or more are incurred, or the candidate receives 10% or more of the valid votes cast in their electoral district.

Use this form to make changes to an auditor's information or to appoint an auditor after the candidate's nomination was confirmed by the returning officer.

*This report is to:*

- Appoint an auditor  
 Update an auditor's information

*Preferred language of correspondence*

- English  
 French

**Section B – Candidate's information**

Full name	Date writ issued <i>yyyy/mm/dd</i>	Election day <i>yyyy/mm/dd</i>
Political affiliation (if any)		
ED code	Electoral district	

**Section C – Auditor's information**

*The auditor is an individual*

Full name		Professional designation	
Street no.	Street		Apt.
City		Prov./ Terr.	Postal code
Primary phone number	Alternate phone number	Fax number	
Email address		Auditor's appointment date <i>yyyy/mm/dd</i> _____	

*The auditor is a partnership*

Name of partnership			
Full name of the person authorized to sign on behalf of the partnership			Professional designation
Street no.	Street		Unit
City		Prov./ Terr.	Postal code
Primary phone number	Alternate phone number	Fax number	
Email address		Auditor's appointment date <i>yyyy/mm/dd</i> _____	

**Section D – Payment information**

*By direct deposit (provide a voided cheque.)*

Name of financial institution		
Branch number	Financial institution number	Account number

*By cheque*

Make cheque payable to		
Street no.	Street	Unit
City	Prov./ Terr.	Postal code

**Section E – Declarations (Required for new appointments only)**

I consent to the appointment of the auditor named in Section C. I affirm that the name, address and professional designation of my auditor are as stated in this report.	I consent to my appointment as auditor for the candidate named in Section B. I am aware of the duties and responsibilities of this position under the <i>Canada Elections Act</i> and I am qualified to act as an auditor under that Act.
Candidate's signature _____	Auditor's signature _____
Candidate's signature date yyyy/mm/dd _____	Auditor's signature date yyyy/mm/dd _____

**Section F – Form submission**

This request can be sent by email (in PDF format), courier, mail or fax.

Mail: Elections Canada 30 Victoria Street Gatineau, Québec K1A 0M6	Fax: 1-888-523-9333 (toll-free) <del>1-819-939-1803</del> Attn: Political Financing	Email: <a href="mailto:political.financing@elections.ca">political.financing@elections.ca</a>
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For any questions on completing this form, please call the Political Entities Support Network: 1-800-486-6563

**Section G – Privacy notice**

Personal information in the *Appointment of Candidate's Auditor / Update of Auditor's Information* is collected for the administration of the political financing requirements as set out in the *Canada Elections Act* (Act). This information may be shared with the Commissioner of Canada Elections to ensure that the Act is complied with and enforced. You have the following rights with respect to your personal information under the *Privacy Act*: a) to access the information; b) to correct it, if necessary; and c) to have it protected. You have the right to file a complaint with the Privacy Commissioner of Canada regarding the handling of your personal information. Your personal information is retained under the personal information bank (PIB) Political Financing Elections PPU 010. A description of the PIB can be found at [elections.ca](http://elections.ca).

ED code	Candidate's full name
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