

# Registering a Political Party

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## Official Forms



**POLITIKAL PATI**



## POLITICAL PARTY

# CHECKLIST FOR APPLICATION FOR REGISTRATION AS A POLITICAL PARTY

Political Parties Registration Act No.15 2023

- Application submitted on appropriate form approved by the Electoral Commission
  - Application fully completed and signed
  - The name and logo of the proposed political party
  - The policy platform of the proposed political party
  - A copy of the constitution that provides:
    - i. The method of election of the members of the executive and their respective functions and powers; and
    - ii. The composition of the executive which must comprise of at least 6 members, of which:
      - (a) There are three mandatory positions which are president, treasurer and secretary;
      - (b) and at least one member of the executive is a woman;
    - iii. The method of selection of candidates for election to parliament, to a municipal council or to a provincial government council; and
    - iv. The procedure for disciplining members of the political party including termination of their membership from political party; and
    - v. Provisions outlining the grounds on which a member of the political party is deemed to have ceased to support that political party; and
  - vi. Provisions outlining the grounds on which an independent member of parliament is deemed to have ceased to affiliate with that political party; and
  - vii. The proposed political party meets any other additional requirements as may be prescribed by the commission.
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- The threshold of 1000 voters of national total votes casted in recent National Election (existing political party)
  - List of 500 voters with their names, address, signature and ID card (new Political Party)
  - Registration fee receipt of 150,000 vatu
  - Any other relevant documents supporting the application



## POLITICAL PARTY

### APPLICATION FOR REGISTRATION AS A POLITICAL PARTY

Political Parties Registration Act No.15 2023

Please complete this form in black ink using BLOCK CAPITAL LETTERS. Fields marked \* must be completed

#### PARTY NAME

Party Name\* \_\_\_\_\_

Party Name Abbreviation \_\_\_\_\_

#### PARTY LOGO

The logo of the Party must not be offensive, obscene or otherwise inappropriate; must not be identical to or sufficiently similar to the logo of any other organisation. Please attach a clear image of the logo.

Proposed Party Logo Attached?  Yes  No

#### PARTY ADDRESS

Full address where communications intended for the Party may be sent.

House Name \_\_\_\_\_

Mail Box \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Island \_\_\_\_\_

#### PARTY REGISTRATION

Is the Political Party registered under the Charitable Association Act [Cap 140]?\*

Yes  No

If YES, is evidence attached?\*

Yes  No



## POLITICAL PARTY

### OFFICE HOLDERS

The Party must have at least six office bearers, including the three mandatory positions of President, Treasurer and Secretary. Of the six office bearers, at least one must be a woman.

#### PRESIDENT

Full Name\* \_\_\_\_\_

Gender  Male  Female Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email\* \_\_\_\_\_ Telephone\* \_\_\_\_\_

PO Box\* \_\_\_\_\_ Town/Island\* \_\_\_\_\_

#### TREASURER

Full Name\* \_\_\_\_\_

Gender  Male  Female Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email\* \_\_\_\_\_ Telephone\* \_\_\_\_\_

PO Box\* \_\_\_\_\_ Town/Island\* \_\_\_\_\_

#### SECRETARY

Full Name\* \_\_\_\_\_

Gender  Male  Female Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email\* \_\_\_\_\_ Telephone\* \_\_\_\_\_

PO Box\* \_\_\_\_\_ Town/Island\* \_\_\_\_\_

#### ADDITIONAL MEMBER

Full Name\* \_\_\_\_\_

Gender  Male  Female Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email\* \_\_\_\_\_ Telephone\* \_\_\_\_\_

PO Box\* \_\_\_\_\_ Town/Island\* \_\_\_\_\_



## POLITICAL PARTY

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### ADDITIONAL MEMBER

Full Name\* \_\_\_\_\_

Gender  Male  Female Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email\* \_\_\_\_\_ Telephone\* \_\_\_\_\_

PO Box\* \_\_\_\_\_ Town/Island\* \_\_\_\_\_

### ADDITIONAL MEMBER

Full Name\* \_\_\_\_\_

Gender  Male  Female Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email\* \_\_\_\_\_ Telephone\* \_\_\_\_\_

PO Box\* \_\_\_\_\_ Town/Island\* \_\_\_\_\_

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### PARTY CONSTITUTION

The Party must have a written constitution and policy platform. Please attach a copy of both.

Is a copy of the constitution attached?\*  Yes  No

Is a copy of the policy platform attached?\*  Yes  No

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### SUPPORTING SIGNATURES

This political party application must be signed by no fewer than 10 registered voters on the pages provided at the end of this document.

Are the supporting signatures pages completed?\*  Yes  No



# POLITICAL PARTY

## THRESHOLD CONSIDERATION

### A. EXISTING POLITICAL PARTY

The party must have received no less than 1,000 valid votes cast in last National Elections to maintain its registration Number of valid votes received in the recent National Elections. Please attach evidence.

Threshold achieved?\*  Yes  No  
Evidence attached?\*  Yes  No

### B. NEW POLITICAL PARTY

The party must have the support of at least 500 voters throughout the country. Please attach evidence containing their full names, addresses, National IDs and signatures.

Threshold achieved?\*  Yes  No  
Evidence attached?\*  Yes  No

## DECLARATION

To be completed by an office holder:

I declare that:

1. All the office bearers listed above have no criminal record;
2. All the information and documents provided in and with this application are true and correct.

I commit to:

3. Provide or submit additional information and/or documents to the Screening Committee if so required.
4. Attend hearing on the application if called by the Screening Committee.

Full Name\* \_\_\_\_\_

Position\* \_\_\_\_\_

Signature\* \_\_\_\_\_ Date\* \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## POLITICAL PARTY

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### SUPPORTING SIGNATURES

The signatures of ten (10) registered voters are required.

Full Name\* \_\_\_\_\_ Signature \_\_\_\_\_  
Address \_\_\_\_\_ National ID Card No \_\_\_\_\_

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Full Name\* \_\_\_\_\_ Signature \_\_\_\_\_  
Address \_\_\_\_\_ National ID Card No \_\_\_\_\_

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Full Name\* \_\_\_\_\_ Signature \_\_\_\_\_  
Address \_\_\_\_\_ National ID Card No \_\_\_\_\_

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Full Name\* \_\_\_\_\_ Signature \_\_\_\_\_  
Address \_\_\_\_\_ National ID Card No \_\_\_\_\_

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Full Name\* \_\_\_\_\_ Signature \_\_\_\_\_  
Address \_\_\_\_\_ National ID Card No \_\_\_\_\_

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# POLITICAL PARTY

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Full Name\* \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ National ID Card No \_\_\_\_\_

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Full Name\* \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ National ID Card No \_\_\_\_\_

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Full Name\* \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ National ID Card No \_\_\_\_\_

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Full Name\* \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ National ID Card No \_\_\_\_\_

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Full Name\* \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ National ID Card No \_\_\_\_\_

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Please return your completed form and supporting documents to the Vanuatu Electoral Office:

Vanuatu Electoral Office,  
Private Mail Bag 9033,  
Independence Park,  
Port Vila,  
VANUATU  
Tel: 23914



# POLITICAL PARTY



## POLITICAL PARTY REGISTRATION OFFICIAL USE ONLY

Date received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

No. of registered supporting signatures \_\_\_\_\_

Decision of Electoral Commission  Approved  Denied

### IF DENIED

Reason for denial \_\_\_\_\_  
\_\_\_\_\_

### IF APPROVED

Date Party added to the Register \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Officer \_\_\_\_\_ Signature \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_



## POLITICAL PARTY

### APPLICATION FOR DEREGISTRATION AS A POLITICAL PARTY

Political Parties Registration Act No.15 2023

Please complete this form in black ink using BLOCK CAPITAL LETTERS. Fields marked \* must be completed

#### DETAILS OF REGISTERED PARTY

Party Name\* \_\_\_\_\_

Party Reference\* \_\_\_\_\_

#### DECLARATION

The above-named party is applying under section 12 of the Political Parties Act No.15 of 2023 to be removed from the Vanuatu register of political parties, and it declares that it does not intend to have any candidates at any relevant election.

#### SIGNATURES

##### REGISTERED PARTY PRESIDENT

\*Name \_\_\_\_\_ Signature \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

##### REGISTERED PARTY TREASURER

\*Name \_\_\_\_\_ Signature \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

##### REGISTERED PARTY SECRETARY

\*Name \_\_\_\_\_ Signature \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_



## POLITICAL PARTY

### DECLARATION FOR AN AUTHORIZED SIGNATURE

I declare that I am authorised to sign of behalf of \* \_\_\_\_\_  
(Party member's full Name)

The party's registered\* \_\_\_\_\_  
(Party member's position in party)

Who is unable to sign this form because\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

### POLITICAL PARTY DEREGISTRATION - OFFICIAL USE ONLY

Date received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date entered in database\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

File reference number\* \_\_\_\_\_

#### CHECKED BY

Name of Officer \_\_\_\_\_ Signature \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_



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Resilient nations.

