charges to officers only. All other information remain to same as in the original application.



Application for Registration as a Political Party

under the Reform (Guernsey) Law, 1948 (as amended)

Please return this form to:

HM Greffier, The Greffe, Royal Court House, St. Peter Port, GY1 2PB

Telephone: 01481 725277

E-mail: hm.greffier@gov.gg

Please complete this form in black ink using BLOCK CAPITAL LETTERS. <u>Fields marked * must be completed</u>. Important: The accompanying Guidance Notes should be read before completing this form

Political Party Name*					
Political Party Name					
Name*	THE GUERNSEY	PARTY			
Abbreviation of Politic	cal Party Name (if any)				
Abbreviation					
The name and any abbreviation of the name of the political party must not be:(a) offensive or otherwise inappropriate, or(b) the same as the name and/or abbreviation of any organisation, or of such similarity to the name or abbreviation of another organisation that it might reasonably be confused with it.					
Political Party Emblem	ı (if any)				
Party Emblem	Party Emblem Yes (attached) No				
The emblem of the political	The emblem of the political party (if any) must not be:				
(a) offensive or otherwise					
(b) the same as the name and/or abbreviation of any organisation, or of such similarity to the name or abbreviation of another organisation that it might reasonably be confused with it.					
Address on the Island	*				
Full address in Guernsey where communications intended for the Party may be sent.					
Address*					
Parish*		Postcode*			
Telephone Number		E-mail			
Website					

Officeholders*

The political party must have a Leader, Treasurer and Secretary, all of whom must be natural persons; and for the avoidance of doubt, a person may hold more than one such office. Please provide address details if different from the party address. You must also provide the names of any other office-holders.

Leader* & Chairman

Title/full names*	victoria R	usse U		
Address*	De Putron House			
	Fernain Road			
Parish*	8t. Peter Port	Postcode*	GY1 27D	
Telephone Number		E-mail		
Website				

Treasurer*

Title/full names*	clive McMinn				
Address*	Allway	Allways, Belvac Road			
	6				
Parish*	Vale	Postc	ode*	973 54W	
Telephone Number		E-mai	ı		
Website					

Secretary*

Title/full names*	corin Hate	Miller-Helyar	
Address*	Le Duit Faim		
	Rue du Douit		
Parish*	Castel	Postcode* 445 75%	
Telephone Number		E-mail	
Website			

Other officer hold	ers*			
Position*				
Title/full names*	Deputy Chairman Robert Milroy 18 George Road			
	Robert Mil	roy		
Address*	18 George Road			
	0			
Parish*	8t. Peter Port	Postcode*	941 160	
Telephone Number		E-mail		
Website				
Position*				
Title/full names*				
Address*				
Parish*		Postcode*		
Telephone Number		E-mail		
Website				
Position*				
Title/full names*				
Address*				
Parish*		Postcode*		
Telephone Number		F-mail		

Website

^{**}Please use additional sheets to list other officer holders if required**

Political Part	cy Constitution*				
expressed obje	You must attach a copy of the party's constitution. The constitution must contain the expressed objective of supporting or endorsing candidates for the office of People's Deputy in an election, <i>and</i> the other information set out in the Guidance Notes.				
Political Part	y Accounts*				
			icial accounts, prepared in formation, see the Guida		
Declaration	and signatures*				
The application	n must be signed by	at least two membe	ers of the party who are i	nscribed on the	
	The party named on this application form is applying to be registered in accordance with the requirements of Schedule 2 to the Reform (Guernsey) Law, 1948, as amended.				
I believe that t	he information provi	ded in and with this	application is full and cor	rect.	
			arty named on this applicate ty named on this applica		
Print name	CK Miller	- Helgar	Signed	L	
Date	11.11.2020		2		
Print name	MAJ HE	'yar	Signed	y y	
Date	11. 11. 2020 Signed				
Please return	Please return your completed form and supporting documents to the address at the top of the form.				
Application	Fee*				
			ou can make payment by card, cash or cheque.	card over the phone	
HM Greffier	use only				
Date			Approved/Rejected	1	
_			· 1		
Date entered i	n Register		Checked by		
Party referenc	e number				