

Revision Date: 31 Dec 2009

**SCHEDULE TO THE REGULATIONS**

**FORM 1A**

(Section 37.(1)(a))

(Regulation 3(2))

**APPLICATION FOR REGISTRATION AS A VOTER BY A RESIDENT CITIZEN  
SAINT CHRISTOPHER AND NEVIS NATIONAL ASSEMBLY ELECTIONS ACT,  
CAP. 2.01**

**The Election Registration Regulations**

**Form 1A**

To the Registration, Officer for the constituency of .....

I .....

(full name in BLOCK LETTERS)

of .....

(address)

whose occupation is .....do hereby apply to be registered as a voter for the  
constituency of ..... and do declare that the particulars  
entered on the reverse of this FORM are to the best of my knowledge and belief true and correct in  
all respects and that I am qualified to be registered as a voter in the above-mentioned constituency.

.....

(Signature or mark of applicant)

Witness to mark .....

Dated .....

[The particulars on the reverse of this form must be filled out by or on behalf of the applicant]

The following particulars to be filled out in BLOCK LETTERS:

1. First name: .....
2. Middle name: .....
3. Last name: .....
4. Alias: (if any) .....
5. Qualifying address (i.e. address in the constituency where I am ordinarily resident  
in accordance with section 37A of the Act)
  - (a) Street .....

- (b) Village/Town .....
- (c) P. O. Box .....
- 6 Date of Birth: .....
- 7. Place of Birth: .....
- 8. Occupation: .....
- 9 Citizenship details: .....
- 10. Mother's/father's name: .....
- 11. Height: .....
- 12. Distinguishing marks: (if any) .....
- 13. I hereby state that
  - (a) I am a citizen of Saint Christopher and Nevis of eighteen years or upwards;
  - (b) I am ordinarily resident at the qualifying address.

.....

(Signature or mark of the applicant)

\*Please note that this form shall be used by persons who have been struck off the Register of Voters and who are applying to be reinstated to the Register.

FORM 1B

(Section 37.(1)(C))

(Regulation 3(2))

APPLICATION FOR REGISTRATION AS A VOTER BY A CITIZEN RESIDENT OVERSEAS WHOSE NAME IS NOT ON THE REGISTER OF VOTERS IN SAINT CHRISTOPHER AND NEVIS

SAINT CHRISTOPHER AND NEVIS NATIONAL ASSEMBLY ELECTIONS ACT, CAP. 2.01

The Election Registration Regulations

Form 1B

To the Registration, Officer for the constituency of .....

I .....

(full name in BLOCK LETTERS)

of .....

(address)

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Revision Date: 31 Dec 2009

whose occupation is .....do hereby apply to be registered as a voter for the constituency of ..... and do declare that the particulars entered on the reverse of this FORM are to the best of my knowledge and belief true and correct in all respects and that I am qualified to be registered as a voter in the above-mentioned constituency.

.....

(Signature or mark of applicant)

Witness to mark .....

Dated .....

[The particulars on the reverse of this form must be filled out by or on behalf of the applicant]

The following particulars to be filled out in BLOCK LETTERS:

1. First name: .....
2. Middle name: .....
3. Last name: .....
4. Alias: (if any) .....
5. Qualifying address (i.e. address in the constituency where I am ordinarily resident in accordance with section 37B of the Act)
  - (a) Street .....
  - (b) Village/Town .....
  - (c) P. O. Box .....
  - (d) State .....
  - (e) Country .....
  - (f) Zip code .....
6. Date of Birth: .....
7. Place of Birth: .....
8. Occupation: .....
9. Citizenship details: .....
10. Mother's/father's name: .....
11. Height: .....
12. Distinguishing marks: (if any) .....
13. I hereby state that
  - (a) I am a citizen of Saint Christopher and Nevis of eighteen years or upwards;
  - (b) I am ordinarily resident overseas.

.....

(Signature or mark of the applicant)

\*Please note that this form shall be used by persons who have been struck off the Register of Voters and who are applying to be reinstated to the Register.

FORM 1C

(Section 42.(1)(d))

(Regulation 3(2))

APPLICATION FOR REGISTRATION AS A VOTER BY A COMMONWEALTH  
CITIZEN RESIDENT IN SAINT CHRISTOPHER AND NEVIS FOR A CONTINUOUS  
PERIOD OF AT LEAST TWELVE MONTHS

SAINT CHRISTOPHER AND NEVIS NATIONAL ASSEMBLY ELECTIONS ACT,  
CAP. 2.01

The Election Registration Regulations

Form 1C

To the Registration, Officer for the constituency of .....

I .....

(full name in BLOCK LETTERS)

of .....

(address)

whose occupation is .....do hereby apply to be registered as a voter for the  
constituency of ..... and do declare that the particulars  
entered on the reverse of this FORM are to the best of my knowledge and belief true and correct in  
all respects and that I am qualified to be registered as a voter in the above-mentioned constituency.

.....

(Signature or mark of applicant)

Witness to mark .....

Dated .....

[The particulars on the reverse of this form must be filled out by or on behalf of the applicant)

The following particulars to be filled out in BLOCK LETTERS:

1. First name: .....
2. Middle name: .....
3. Last name: .....
4. Alias: (if any).....

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5. Qualifying address (i.e. address in the constituency where I am ordinarily resident in accordance with section 37A of the Act)
- (a) Street .....
  - (b) Village/Town .....
  - (c) P. O. Box .....
6. Date of Birth: .....
7. Place of Birth: .....
8. Occupation: .....
9. Citizenship details: .....
10. Mother's/father's name: .....
11. Height: .....
12. Distinguishing marks: (if any) .....
13. I hereby state that
- (a) I am a Commonwealth citizen resident in Saint Christopher and Nevis for a period of at least one year;
  - (b) I am eighteen years old or upwards;
  - (c) I am ordinarily resident at the qualifying address.

.....  
(Signature or mark of the applicant)

\*Please note that this form shall be used by persons who have been struck off the Register of Voters and who are applying to be reinstated to the Register.

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FORM 1D

(Section 37.(1)(a))

(Regulation 3.(8))

NOTICE OF DISALLOWANCE

SAINT CHRISTOPHER AND NEVIS NATIONAL ASSEMBLY ELECTIONS ACT,  
CAP. 2.01

The Election Registration Regulations

Form 1D

.....

Constituency

I Registration officer for the above-named constituency, hereby give notice that I am not satisfied with the application of .....  
of .....  
(address of applicant) ..... to register as a voter for the following reasons:

.....

(Give statement of reasons here)

.....

.....

You have a right to appeal this decision in accordance with these Regulations within seven days from the date of the issue of this Notice.

Signature .....

Registration Officer

Date ..... 20 .....

\_\_\_\_\_

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FORM 1E

(Section 42.(1)(a))

(Regulation 3.(1))

STATEMENT OF APPEAL

SAINT CHRISTOPHER AND NEVIS NATIONAL ASSEMBLY ELECTIONS ACT,  
CAP. 2.01

The Election Registration Regulations

Form 1E

.....

Constituency

I, ..... residing at ..... do hereby give  
notice of appeal against the decision of the Registration Officer dated ..... a copy  
of which is attached herewith wherein he or she disallowed my application for registration as a voter  
for the following reasons:

.....

(Give statement of reasons here)

.....

.....

.....

Signature .....

Registration Officer

Date ..... 20 .....

\_\_\_\_\_

[Forms 1A, 1B, 1C, 1D & 1E inserted by SRO 9/2008]

SAINT CHRISTOPHER AND NEVIS NATIONAL ASSEMBLY ELECTIONS ACT,  
CAP. 2.01

The Election Registration Regulations

Form No. 2

(Regulation 3)

CERTIFICATE OF REGISTRATION

I HEREBY CERTIFY THAT Mr.\*Mrs.\*Miss\* .....  
of .....  
has been registered for the constituency of ..... polling  
division ..... under and in accordance with the  
National Assembly Elections Act, Cap. 2.01.

Dated the ..... day of ..... , 20 .....

.....  
Registration Officer

\* Delete where not applicable.

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FORM 2A

(Regulation 5)

National Registration Record

<b>Form 2A</b>		National ID Number
<b>National Registration Record</b>		
ISLAND .....	City/Town/Village .....	Electoral District .....
Last Name .....	Date of Birth .....	Polling division .....
Middle Name .....	Place of Birth .....	Parish .....
Father's Name .....	Height .....	Eye colour .....
Mother's Name .....	Social Security .....	Twin .....
Marital Status .....	Home Phone .....	NIA Electoral District (if applicable) .....
Residential Status .....	Office Phone .....	Disability .....
Nationality .....	Mobile Phone .....	Support document (For proof of identity) .....
Occupation .....	Post Office Box .....	Witness (if necessary) .....
Any other particulars	Notes	
(date)		(date)
..... Official Signature		..... Signature or mark of applicant

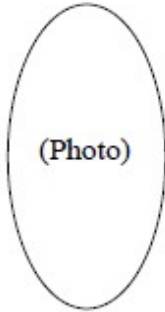
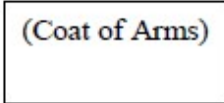
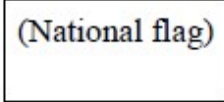
[Forms 2A, 2B, & 3A inserted by SRO 9/2008]

FORM 2 B

*(Regulation 5)*

NATIONAL IDENTIFICATION CARD

(Front)

<b>The Federation of St. Kitts and Nevis</b>		
<b>Electoral Office</b>		
<b>National Identification Card</b>		
 <p>(Photo)</p>	National ID Number	 <p>(Coat of Arms)</p>
	.....	
	Last Name	 <p>(National flag)</p>
	.....	
First Name	Nationality	
.....	.....	
Middle Name	Birth date	Height
.....	.....	.....
Address		
.....		
(Signature)		

(Back)

Occupation	Date of issuance
.....	.....
Residential Status	Expiration date
.....	.....
(Card serial number)	

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SAINT CHRISTOPHER AND NEVIS NATIONAL ASSEMBLY ELECTIONS ACT,  
CAP. 2.01

The Election Registration Regulations

Form No. 3

(Regulation 4)

REGISTER OF VOTERS

Constituency ..... Polling Division No .....

Comprising the Area .....

.....

.....

.....

.....

.....

.....

.....

.....

The following names have been registered in accordance with the Saint Christopher and Nevis National Assembly Elections Act, Cap. 2.01 and the Election Registration Regulations

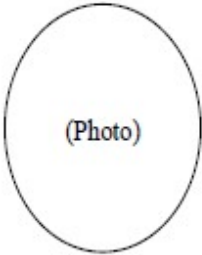
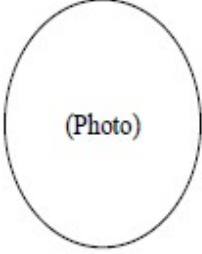
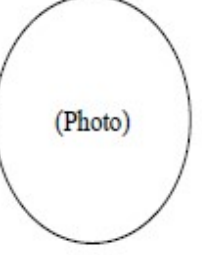
Consecutive Number	Name (Family name first)	Occupation	Postal Address

\_\_\_\_\_

Form 3A

*(Regulation 4)*

Voter Verification List

 <p>(Photo)</p>	Consecutive number : _____	Address: _____
	Name: _____	Occupation: _____
 <p>(Photo)</p>	Consecutive number: _____	Address: _____
	Name: _____	Occupation: _____
 <p>(Photo)</p>	Consecutive number : _____	Address: _____
	Name: _____	Occupation: _____

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SAINT CHRISTOPHER AND NEVIS NATIONAL ASSEMBLY ELECTIONS ACT,  
2.01

The Election Registration Regulations

Form No. 4

(Regulation 4)

LIST OF VOTERS FOR THE MONTH OF .....

Constituency ..... Polling Division No. ....

Comprising the Area .....

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

The following names have been registered in accordance with the Saint Christopher and Nevis National Assembly Elections Act Cap. 2.01 and the Election Registration Regulations.

Any notice of correction, or addition, or objection to this list must be sent to the Registration Officer not later than the ..... day of ..... 20.....

Consecutive Number	Name (Family name first)	Occupation	Postal Address

\_\_\_\_\_

SAINT CHRISTOPHER AND NEVIS NATIONAL ASSEMBLY ELECTIONS ACT,  
CAP. 2.01

The Election Registration Regulations

Form No. 5

(Regulation 4)

REVISED LIST OF VOTERS FOR THE MONTH OF .....

Constituency ..... Polling Division No. ....

Comprising the Area .....

.....

.....

.....

.....

.....

.....

.....

.....

The following names have been registered in accordance with the Saint Christopher and Nevis National Assembly Elections Act, Cap. 2.01 and the Election Registration Regulations,

Any notice of correction, or addition, or objection to this list must be sent to the Registration Officer not later than the ..... day of ..... 20 .....

Consecutive Number	Name (Family name first)	Occupation	Postal Address

\_\_\_\_\_

Revision Date: 31 Dec 2009

SAINT CHRISTOPHER AND NEVIS NATIONAL ASSEMBLY ELECTIONS ACT, CAP. 2.01

The Election Registration Regulations

Form No. 6 (Regulation 8)

CERTIFICATE OF REGISTRATION OFFICER

I, ..... Registration Officer for the Constituency of ..... Polling Division No. .... certify that the above is a true copy of the Register of Voters\*/Monthly List\*/Revised Monthly List\* for the Constituency of ..... Polling Division No. .... for the month of ....., 20..... Dated the ..... day of....., 20.....

..... Registration Officer

\* Delete where not applicable.

SAINT CHRISTOPHER AND NEVIS NATIONAL ASSEMBLY ELECTIONS ACT, CAP. 2.01

The Election Registration Regulations

Form No. 7 (Regulation 12)

NOTICE OF CLAIM

To the Registration Officer for the constituency of .....

TAKE NOTICE that I, ..... (Name of Claimant)

of ..... (Place of residence)

..... (Occupation)

am qualified for inclusion in the Register of Voters for polling division No. .... of the above constituency of ..... and that my name, address and occupation have been (omitted from) (wrongly stated in) such list and that I hereby claim that such list be amended (by the insertion of my name, address and occupation therein) (by the correction of the particulars therein relating to my name, address and occupation).

(Strike out bracketed words not applicable)

..... Signature of Claimant

Date: ..... Witness

Note: This form need not be witnessed unless the claimant instead of signing, makes his or her mark.

SAINT CHRISTOPHER AND NEVIS NATIONAL ASSEMBLY ELECTIONS ACT,  
CAP. 2.01

The Election Registration Regulations

Form No. 7

To the Registration Officer for the Constituency of.....

(Address of Registration Officer)

SAINT CHRISTOPHER AND NEVIS NATIONAL ASSEMBLY ELECTIONS ACT,  
CAP. 2.01

The Election Registration Regulations

Form No. 8/9

(Regulations 14, 15, and 16)

NOTICE OF OBJECTION

To the Registration Officer for the Constituency ofc .....

TAKE NOTICE that I, .....

(Name of objector)

(Occupation)

of .....

(Postal address of objector)

am qualified for inclusion in the Register of Voters/Monthly List for polling division No. ....  
of the above constituency, and am so included:

And that I object to the inclusion therein of .....

(Enter name, occupation and address of person objected to)

on the ground that such person is disqualified for inclusion therein by reason of .....

Witness.

Signature



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Date: .....

Note: This form need not be witnessed unless the objector instead of signing makes his or her mark.

(Form No. 8/9)

Registered

NOTICE OF OBJECTION

To the Registration Officer for the Constituency of .....

.....

(Address of Registration Officer)

(This card to be posted or left at the nearest Registration Officer's Office).

SAINT CHRISTOPHER AND NEVIS NATIONAL ASSEMBLY ELECTIONS ACT, CAP. 2.01

The Election Registration Regulations

Form No. 10

(Regulation 17)

REVISION NOTICE

TAKE NOTICE that

(a) the boundaries of polling division No. .... of the constituency of ..... are as follows:

.....  
.....  
.....  
.....  
.....

(b) the \* Register of Voters/Monthly List of qualified persons for the above polling division will be revised on the ..... day of ..... 20..... at ..... at ..... o'clock;

(c) any qualified person whose name, address or occupation has been omitted from or incorrectly stated in the \*Register of Voters/Monthly List may give notice in writing in the form set out as Form No. 7 in the Schedule to the registration officer at ..... claiming that his or her name, address or occupation be inserted in the \*Register of Voters/Monthly List or that the entry relating thereto be corrected, as the case may be;

(d) any qualified person whose name appears in more than one \*Register of Voters/Monthly List is hereby required to give notice in writing in the form set out as Form No. 11 in the Schedule to the registration officer at .....

.....

(i) electing for which polling division he or she desires to be registered;

(ii) specifying the other polling divisions in the \*Register of Voters/Monthly List for which his or her name appears; and

(iii) requiring the registration officer to cause his or her name to be deleted from such other \*Register of Voters/Monthly List;

(e) any qualified person whose name appears in the \*Register of Voters/Monthly List may give notice in writing in the form set out as Forms No. 8/9 in the Schedule to the Registration Officer at ..... objecting to the inclusion in the \*Register of Voters/Monthly List of any other person on the ground that that other person is not a qualified person;

(f) the last day for giving the notices referred to in paragraphs (c), (d) or (e) will be the ..... day of ..... 20.....;

(g) copies of the forms mentioned above may be obtained at any post office, police station and the Electoral Office.

.....  
Registration Officer

Date: .....

\* Delete where not applicable.

SAINT CHRISTOPHER AND NEVIS NATIONAL ASSEMBLY ELECTIONS ACT,  
CAP. 2.01

The Election Registration Regulations

Form No. 11 (Regulation 18)

NOTICE OF RESIDENCE

TAKE NOTICE that I, .....  
(Name)

of .....  
(Address) (Occupation)

whose name appears on two \*Register of Voters/Monthly Lists, namely:

For polling division No. .... of the constituency of ..... and for  
polling division No. .... of the constituency of .....  
of ..... do hereby elect to  
be registered for polling division No. ....  
of the constituency of .....

Dated at ..... this ..... day .....  
of ..... 20 .....

.....  
Signature of Voter.

\* Delete where not applicable.

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SAINT CHRISTOPHER AND NEVIS NATIONAL ASSEMBLY ELECTIONS ACT,  
CAP. 2.01

The Election Registration Regulations

NOTICE OF RESIDENCE

To the registration officer for the constituency of

.....  
at .....

SAINT CHRISTOPHER AND NEVIS NATIONAL ASSEMBLY ELECTIONS ACT,  
CAP. 2.01

The Election Registration Regulations

Form No. 12 (Regulation 19)

NOTICE TO PERSONS OBJECTED TO

TAKE NOTICE that I have received objections to the inclusion of your name, address and occupation in the proposed \*Register of Voters/Monthly List for Polling Division No. .... of the constituency of ..... and that the revision of the said \*Register/List will take place on the ..... day of ....., 20 ..... between hours of ..... and ..... at .....

AND FURTHER TAKE NOTICE that unless you appear before me and show cause why your name (should not be deleted from) (should be included in) the \*Register of Voters/Monthly List, your name (shall be deleted therefrom) (shall not be included therein) except in accordance with the Regulations.

Date: .....  
Registration Officer.

\* Delete where not applicable

SAINT CHRISTOPHER AND NEVIS NATIONAL ASSEMBLY ELECTIONS ACT,  
CAP. 2.01

The Election Registration Regulations

Form No. 13 (Regulation 19)

NOTICE OF HEARING OF OBJECTION

TAKE NOTICE that the objection you have made to the inclusion of the name of ..... whose address is ..... and whose occupation is ..... in the \*Register of Voters/Monthly List for the Polling Division No. .... for the Constituency of ..... will be heard at ..... on ..... between the hours of ..... and .....

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AND FURTHER TAKE NOTICE that unless you appear before me to substantiate the reasons for your objection the matter shall be determined in your absence.

Dated this ..... day of ..... 20.....

.....  
Registration Officer.

\* Delete where not applicable

SAINT CHRISTOPHER AND NEVIS NATIONAL ASSEMBLY ELECTIONS ACT,  
CAP.2.01

The Election Registration Regulations

Form No. 14 (Regulation 20)

LIST OF CLAIMS

TAKE NOTICE that the persons (hereinafter referred to as claimants) whose names, addresses and occupations are set out in Part I of the Schedule to this notice have claimed in accordance with the provisions of the aforesaid Act that the Register of Voters/Monthly List of qualified persons resident in polling division No. .... of the constituency of ..... should be amended by the insertion therein of their names, addresses and occupations as set out in Part I of the Schedule to this notice, and that the persons whose names, addresses and occupations are set out in Part II of the Schedule to this notice have claimed in accordance with the provisions of the aforesaid Act that the entries in the Register of Voters/Monthly List of qualified persons resident in polling division No. .... for the Constituency of ..... relating to their names, addresses, or occupations as the case may be, should be amended to conform with the names, addresses and occupations as set out in Part II of the Schedule to this notice.

AND FURTHER TAKE NOTICE that any qualified person who objects to the inclusion of the name of any claimant in the Register of Voters/Monthly List upon the ground that such claimant is not qualified for inclusion therein may send in an objection to such inclusion not later than the ..... day of ..... and attend at ..... on the ..... day of ..... at ..... a.m. and then and there show cause why the name of such claimant should not be included in the Register/List.

SCHEDULE

PART I

PART II

Name	Postal Address	Occupation	Name	Postal Address	Occupation

Date: .....  
.....  
Registration Officer.

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SAINT CHRISTOPHER AND NEVIS NATIONAL ASSEMBLY ELECTIONS ACT,  
CAP. 20.1

The Election Registration Regulations

Form No. 15

(Regulation 21)

LIST OF OBJECTIONS TO REGISTRATION IN REGISTER OF VOTERS/MONTHLY LIST

TAKE NOTICE that the persons whose names, addresses and occupations are specified in the first column of the Schedule to this notice have objected to the inclusion in the Register of Voters/Monthly List for polling division No. .... of the constituency of ..... of the persons whose names, addresses and occupations are specified in the second column of the Schedule to this notice upon the grounds specified in the third column of the Schedule to this notice:

AND FURTHER TAKE NOTICE that unless any person specified in the second column of the Schedule to this notice attends at the place and time specified for the revision of the Register/List and shows cause why his or her name should not be deleted therefrom his or her name may be so deleted in accordance with the Regulations.

SCHEDULE

FIRST COLUMN			SECOND COLUMN			THIRD COLUMN
Name	Postal Address	Occupation	Name	Postal Address	Occupation	Grounds of Objection

Date: .....  
.....  
Registration Officer

\_\_\_\_\_

SAINT CHRISTOPHER AND NEVIS NATIONAL ASSEMBLY ELECTIONS ACT,  
CAP. 2.01

The Election Registration Regulations

Form No. 16

(Regulation 22)

LIST OF OBJECTIONS TO CLAIMS

TAKE NOTICE that the persons whose names, addresses and occupations are specified in the first column of the Schedule to this notice have objected to the inclusion in the Register of Voters/Monthly List for polling division No. .... of the constituency of

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..... of the persons whose names, addresses and occupations are specified in the second column of the Schedule to this notice pursuant to claims made by the said persons in Form No. 14 upon the grounds specified in the third column of the Schedule to this notice:

AND FURTHER TAKE NOTICE that unless any person specified in the second column of the Schedule to this notice attends at the place and time specified for the revision of the Register/List and shows cause why his or her name should not be deleted therefrom his or her name may be so deleted in accordance with the Regulations.

SCHEDULE

FIRST COLUMN			SECOND COLUMN			THIRD COLUMN
Name	Postal Address	Occupation	Name	Postal Address	Occupation	Grounds of Objection

Date: .....  
 .....  
 Registration Officer.

SAINT CHRISTOPHER AND NEVIS NATIONAL ASSEMBLY ELECTIONS ACT,  
 CAP. 2.01

The Election Registration Regulations

Form No. 17 (Regulation 24)

NOTICE OF INSERTION OR CORRECTION

TAKE NOTICE that, your claim for insertion (or relating to correction of particulars) in the Register of Voters/Monthly List for polling division No. .... in the constituency ..... has been granted.

.....  
 Registration Officer.

Dated at ..... this ..... day of ..... 20.....