

**Election of the President of the Legislative Council**

**Ballot Paper**

Date of election: \_\_\_\_\_

**VOTE FOR ONE CANDIDATE  
ONLY**

MARK “✓” IN BOX OPPOSITE  
NAME OF CANDIDATE OF YOUR  
CHOICE ↓

Name of candidate

1		
2		
3		
4		
5		

Note: If there are more or less than 5 candidates the final form of the Ballot Paper will be amended accordingly.

