

FORM S  
[Sections 97 and 98 of the Act]

**Transfer Certificate**

I authorize \_\_\_\_\_  
(Name)

of \_\_\_\_\_  
(Address)

who resides in Polling Area No. \_\_\_\_\_ to vote at Polling Area No. \_\_\_\_\_ :  
(check one)

(a) at which the person will perform the duties of:

☐ Deputy Returning Officer

☐ Poll Clerk

☐ Candidate's Agent

☐ Other \_\_\_\_\_; or  
(Office)

(b) ☐ which provides convenient access to persons with disabilities.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Returning Officer)

**Note:** No person may transfer his or her vote from one ward to another.