

FORM 14

[See rule 28(2)(c)]

**List of Challenged Votes**

Election to Ward No ..... of the ..... Municipality.

Polling station number and name of polling station.....

Serial' Number of entry	Name of elector	<u>Serial Number of</u> roll	Signature or thumb impression of the person challenged	Address of the person challenged	Name of Identifier, if any	Name of challenger	Order of presiding officer	Signature of challenger on receiving refund of deposit
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- 1.
- 2. 3. 4. 5. 6. 7.
- 8. 9. 10.
- etc.

Date.....

*Signature of Presiding Officer.*