

SAFA

Order of arrival number _____ (to be filled in by the Election Committee)

The list of candidates and any electoral alliance agreement must be submitted to the SAFA Election Committee, anni.varis@safa.fi, or to the Association's office, Hämeentie 19 A, 00500 Helsinki, **by 16.00 on 10 March 2025**.

Election of the Delegates Council of the Finnish Association of Architects (SAFA) in 2025

LIST OF CANDIDATES FOR STUDENT MEMBERS

We, the undersigned student members of the *Finnish Association of Architects (SAFA)* with voting rights, have agreed that for the above-mentioned election to the Delegates Council we shall form a **constituency association** as referred to in Section 6 of the Election Procedure, called:

and we therefore request that our candidates listed on the following page be given their own candidate list number in the election and that the list of candidates be included in the combined candidate list for the election.

Members of the constituency association:

(At least six (6) student members with voting rights)

By signing this form, the members of the constituency association certify that they are student members of SAFA with voting rights and eligible to stand for election and give their consent to the verification of their membership data and the use of their personal data for the election of the SAFA Delegates Council.

Agent of the constituency association:

1. _____
Signature and printed name

Other members:

2. _____
Signature and printed name

3. _____
Signature and printed name

4. _____
Signature and printed name

5. _____
Signature and printed name

6. _____
Signature and printed name

LIST OF CANDIDATES

Note: If necessary, a candidate's signature can be replaced by an additional signature form attached to this list of candidates.

**By signing this form, the candidate declares that they are a member of SAFA with voting rights and eligible to stand for election and gives their consent to the verification of their membership details, to the publication of their candidacy in connection with election-related matters on SAFA's website, in the voting advice application and other channels, such as the electronic election application linked to the membership register, and to the use of their membership details in election-related communications. For more information, see the privacy statement.*

| | First name | Last name: | Town/city: | Membership number: | Signature (I agree to stand as candidate*) |
|----|------------|------------|------------|--------------------|--|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |