

Paying the Candidate nomination deposit (SPE 2026)

Moray Constituency

At Scottish Parliamentary elections candidates are required to pay a **deposit of £500** for their nomination to be valid. The deposit can be made by:

Electronic Bank Transfer

Electronic bank transfer can be made to the following bank account:

Bank Name:	Bank of Scotland
Account Name:	The Moray Council
Account Number:	00111222
Sort Code:	80 - 06 - 66

A reference **must be** attached to the transaction being the candidate's surname followed by party to allow the Election Office to identify the payee.

e.g. SURNAME – PARTY SURNAME – INDEPENDENT

Payments will not be accepted before Monday 16 March 2026 and must be cleared **by 12 noon on Wednesday 1 April 2026 (deadline day for nominations)** to allow us time to confirm payment received. If you are making an electronic payment, prior to submitting your nomination please email elections@moray.gov.uk to advise this has been done so we can monitor your payment being received.

Nominations will not be valid without the correct cleared deposit being made.

Return of the deposit

The deposit of any Candidate who receives more than 5% of the votes cast must by law be returned, to the person paying the deposit. All deposit payments made will be returned by electronic transfer, details of which must be given in the form provided.

If a candidate polls less than 5% of the total valid votes then the deposit is forfeited to the government.

We will make arrangements to pay this to the appropriate body on the candidate's behalf after the declaration.

For any queries please contact the Elections Office on 01343 563164.

Election:	Scottish Parliamentary Election 2026
Constituency:	Moray
Name of Candidate	
Description (Party name)	

Full name of person paying deposit	
Their address and postcode	

ELECTRONIC BANK TRANSFER																	
Bank Transfer from Acc no:											Sort Code						
Reference given:																	
Date Made:																	
Office use: Check Receipt	Y / N	Date:	/	/	2026	Sign:	_____										

Must be completed

ACCOUNT FOR REPAYMENT																					
Name of Account Holder																					
Bank Name:																					
Bank Address:																					
Bank Transfer from Acc no:															Sort Code						

Signed:			
Print Name:		Date:	/ / 2026
Office Use:	<i>Checked by: RO/DRO/EO</i>	<i>Receipt given:</i>	
RETURNED /FORFEIT	<i>Date of Return / Forfeit</i>		