

APPLICATION BY PROXY TO VOTE BY POST

Only ONE form per person. Please read the notes carefully before completing this form. If you need help filling in this form please phone 01733 452349.

Please write in BLACK INK and use BLOCK LETTERS

1. About you

Your Name (in full) _____
Your Address _____
Title (Mr, Mrs, Ms, Miss, Dr, Other) _____
Daytime or mobile telephone or email (Optional) _____

2. About the Elector

Elector's First Name(s) (in full) _____
Elector's Surname _____
Elector's Address _____

3. For how long do you want to vote by post as proxy?

(a) Until further notice

(b) For election(s) on the following date
Day: Month: Year:

(c) For election(s) between the following dates
From Day: Month: Year:
Until Day: Month: Year:

4. Postal vote for which elections

All elections you are entitled to vote at
Local elections
Parliamentary or Assembly elections

5. Address for postal ballot paper(s)

My address as stated in Part 1 (opposite)
or
The following address

Reason for sending the ballot paper(s) to an alternative address

6. Your Declaration

As far as I know, the details on this form are true and accurate.
You can be fined for making a false statement on this form.
Date of Birth (e.g. 02 05 1965)

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Please SIGN in the box below using BLACK ink

Important - keep signature within the border.
If you fail to do this, this application may not be valid.
Date of signing