

POSTAL VOTE APPLICATION FORM

Only ONE form per person. If you need help filling in this form please phone 01803 861434.

Please write in BLACK INK and use BLOCK LETTERS

1. Address where you are registered to vote

[Large empty box for address]

5. Address for postal ballot paper(s)

My address where I am registered to vote in Part 1

or

The following address

[Three horizontal lines for address]

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

2. About you

First name(s) (in full)

Surname

Title (Mr, Mrs, Ms, Miss, Dr, Other)

Daytime or mobile telephone or email (Optional)

3. For how long do you want a postal vote?

(a) Until further notice

(b) For election(s) on the following date

Day: [][] Month: [][] Year: [][][][]

(c) For elections 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

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)

[][][] [][][] [][][][][]

D D M M Y Y Y Y

Please SIGN in the box below using BLACK ink

[Large empty box for signature]

Important - keep signature within the border.

If you fail to do this, this application may not be valid.

Date of signing

[Horizontal line for date]