

Application to vote by Proxy

Only one form for each person. Please read the notes carefully before completing this form. If you need help filling in this form please phone **01623 463345**. Please write in **BLACK INK** and **BLOCK CAPITALS**.

1 Address where you are registered to vote

2 About you

First name(s) (in full)

Surname

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

Daytime or mobile telephone or email (Optional)

3 How long do you want to vote by proxy?

(a) Until further notice

(b) For elections on the following date

Day

Month

Year

(c) For elections until

Day

Month

Year

4 Name and Address of appointed proxy

First name(s) (in full)

Surname

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

Address

Relationship to you (if any)

5 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)

Day

Month

Year

Important – keep signature within the border

Please SIGN in the box below using BLACK ink

If you fail to do this, the application will not be valid

Date of signing

NOW COMPLETE SECTION 6 OVERLEAF, GIVING THE REASON FOR YOUR APPLICATION

6 Reason for your application

You should complete whichever part of this section applies to you. If you are applying just for one election (Part 6A) you do not need anyone to support your application. Also you do not need anyone to support your application if you are registered blind or you receive the higher rate of the mobility component of the disability living allowance (Parts 6B(i) and (ii)). For other reasons you will need to get someone to support your application.

6A One election only

I am unable to attend my polling station at the election indicated in Part 3 because:

(Please state the reason e.g. "I am away on holiday" etc. You do not need anyone to support your application)

6B Physical Incapacity

Either: (i) I am registered as a blind person by the _____ Council

Or: (ii) Please state which of the benefit payments listed in the letter you receive, and your disability

Or: (iii) I suffer from a physical incapacity, which is:

(Please state the nature of your incapacity)

If the address at which you are registered as an elector is a residential care home or sheltered accommodation, then please tick this box.

Declaration in Support

If you filled in Sections 6B (i) or (ii) you do not need anyone to support your application

*I confirm that to the best of my knowledge and belief, the applicant is suffering from the incapacity given in the application and is not able to go to the polling station on election day or vote there unaided. This is likely to continue *indefinitely / *until _____.*

Name _____

Address _____

Qualification/ Position _____

Signed _____ Date _____

6C Educational Course or Employment

*I am/*my spouse or civil partner is* employed by/* attending an education course at _____

as a: (describe job if for employment reasons) _____; or

tick this box if you are self employed

I cannot reasonably be expected to go to my polling station at elections because: _____

(Please give reason)

Declaration in Support

I certify that to the best of my knowledge and belief the above statement is true

Signed _____ Date _____

Name _____

Address _____

Position _____

** This declaration must be signed by a person authorised to sign on behalf of the employer or educational institution concerned. If the applicant is self-employed, the declaration must be signed by someone who knows the applicant, is 18 years or over, and is not related to the applicant.*

