

PROXY VOTE APPLICATION FORM

Only ONE form per person. Please read the notes carefully before completing this form. If you need help filling in this form please phone 020 8770 5096.

Please write in BLACK INK and use BLOCK LETTERS

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 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. Proxy Vote for which elections

All elections you are entitled to vote at

Local elections

Parliamentary or Assembly elections

5. 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) _____

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

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

Date of signing _____

NOW COMPLETE SECTION 7 OVERLEAF, GIVING THE REASON FOR YOUR APPLICATION

7. Reason for your application

You should complete whichever part of this section applies to you. If you are applying just for one election (Part 7A) 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 7B (i) and (ii)). For other reasons you will need to get someone to support your application.

7A. 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.)

7B. Physical incapacity

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

Or: (ii) I receive the higher rate of the mobility component of the disability living allowance because of a physical incapacity which is:

(Please state the nature of your incapacity)

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 7B (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 stated and cannot reasonably be expected to attend the polling station in person or to vote there unaided. This is likely to continue *indefinitely/ *for the period specified in Part 3 overleaf.*

If a doctor, a registered nurse or Christian Science practitioner : the applicant is receiving treatment or care from me for the incapacity stated.

Signed _____ Name _____ Date _____

Address _____ *Qualification/*Position _____

**If the applicant does not live in a residential care home or sheltered accommodation, the declaration must be made by a doctor, a registered nurse or Christian Science practitioner.*

If the applicant lives in a residential care home or sheltered accommodation, the declaration can be signed by (a) a resident warden of sheltered accommodation, or a head of home, or other person registered under Part 1 of the Registered Homes Act 1984 as carrying on a residential care home, or (b) a person in charge of local authority residential accommodation.

7C. Occupation or employment

*I am/*my spouse is *employed by/*attending an educational course at _____

as a : (describe job) _____ tick box if 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 _____ Name _____ Date _____

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 of age or over, and is not related to the applicant.*