

# APPLICATION TO VOTE BY POST

RoP50 (Web)

If you need help filling in this form please refer to the guidance notes enclosed with this application. If further assistance required please phone the appropriate Freephone number listed in the separate Guidance Notes.

Please write in **BLACK INK and BLOCK CAPITALS.**

## 1 Your Current Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_

## 2 About you

First name(s) (in full) \_\_\_\_\_  
Surname \_\_\_\_\_  
Daytime or mobile telephone or email (Optional) \_\_\_\_\_

## 3 Postal vote for how long?

Permanent postal vote

For election(s) on

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

For election(s) until

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

## 4 Postal vote for which elections?

All elections	<input type="checkbox"/>
Local elections	<input type="checkbox"/>
Parliamentary elections	<input type="checkbox"/>

Please refer to the information on the Guidance Notes for the address of the Electoral Registration Office to return your completed form to.

## 5 Address for postal ballot paper(s)

My current address as given in Part 1

or

The following address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

## 6 Your Date Of Birth

Using the order DD MM YYYY enter your date of birth in the boxes below e.g. if your date of birth is 3<sup>rd</sup> June 1960 write 03 06 1960

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		1	9				

## 7 Declaration

As far as I know, the details on this form are true and accurate. I understand that to provide false information on this form is an offence, punishable on conviction by imprisonment of up to 2 years and/or a fine.

**Please SIGN in the box below using BLACK ink.**

**Important – your signature must be completely within the white area and not touch the shaded outline.** If you fail to do this, the application may not be valid.

Date of Signing \_\_\_\_\_