

Application by a proxy to vote by post

FOR OFFICE USE

Polling District:

Elector No:

UPRN:

Please write in black ink and use BLOCK LETTERS. When you have filled in every section and signed the form yourself, send it to the local electoral registration office.

1 Name and address of applicant

Surname

First name(s) (in full)

Address

Postcode

Daytime telephone or mobile number (including country codes)

2 Address for ballot paper

Please send ballot paper to (tick one box)

- my address as stated in Part 1 above
 the following address

Postcode

3 How long do you want to vote by post as proxy?

I want to vote by post as proxy at all elections (tick one box)

- until further notice
 for the elections to be held on

_____ D M Y

for the period from _____ D M Y

to _____ D M Y

For office use only

Date Stamp

4 Full name and address where elector is registered

Full name

Address

Postcode

5 Your date of birth and declaration

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 6 months and/or a fine.

I confirm that I am eligible to vote in the type of elections for which I have been appointed to act as a proxy.

Date of birth: Using the order 'DD MM YYYY' enter your date of birth in the boxes below, using black ink.

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Signature: Please sign in the box below using black ink, keeping within the grey border.

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6 Date of application

Today's date

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If you are unable to sign this form, or if you need assistance, call the helpline on **Freephone 0800 393783**

Notes to assist with completion of this form

- Part 1.** Enter your surname, forename (s) in full, and address.
- Part 2.** Tick the appropriate box to state where you would like a postal ballot paper sent stating the address if different to Part 1.
- Part 3.** Tick the appropriate box to state how long you require to vote by post as proxy.
- Part 4.** Enter the full name of the person who has appointed you as his/her proxy and the address for which he/she is entered as an elector in the Register of Electors.
- Parts 5 & 6.** You will need to give your date of birth and signature on this application form. This information is needed to prevent fraud.

How to return this form

Please return this form to any of the Electoral Registration Offices shown below, bearing in mind the pre-election deadline of 5 p.m., six working days before the poll.

The Electoral Registration Officer:

**Moray House,
16-18 Bank Street,
INVERNESS
IV1 1QY**

**Robertson House,
Greenhill Street,
DINGWALL
IV15 9QR**

**3A Bridge Street,
WICK,
Caithness
KW1 4AG**

**42 Point Street,
STORNOWAY,
Isle of Lewis
HS1 2XF**

**Tel 01463 703311
Fax 01463 703301**

**01349 863260
01349 865942**

**01955 602251
01955 603982**

**01851 706262
01851 706843**