

APPLICATION FOR A POSTAL VOTE
Important — applicant and witness should read the information adjacent.

ELECTOR TO COMPLETE — PLEASE PRINT	
Surname or family name	
Full Christian or given names	
Postal Address (Where you want voting papers sent.)	
	Postcode
Address for which you claim to be enrolled	
	Postcode
Contact Phone No.	<i>AS</i> / <i>AS</i>
I declare that I am entitled to apply for a postal vote.	
Signature or Mark of Applicant <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

COMPLETE AND DETACH

WITNESS TO COMPLETE	
Signature of witness	/ /
Name (BLOCK LETTERS)	
Address	

OFFICE USE ONLY	
ISSUING DIVISION	
Certificate No.	
Date of issue	
ELECTOR'S DIVISION	
Issuing officer's initials	EF54 Ref.
Date certificate received in Division for which vote claimed	