

FORM 7

House of Assembly (Elections) Act

No. 8 of 1979

APPLICATIONS/CLAIMS FOR REGISTRATION AS AN ELECTOR

To the Registering Officer for the electoral district of _____

I, _____
(Full name in Block Letters)

of _____
(Address)

Whose occupation is _____

to be registered as an elector for the Electoral District of _____
and do declare that the particulars entered on the reverse of this FORM are to the best of my knowledge and belief true and correct in all respects.

Signature or mark of applicant

Date _____

(The particulars on the reverse of this form must be filled out by or on behalf of the applicant).