

APPLICATION FOR POSTAL VOTE AND FOR WAIVER OF THE REQUIREMENT FOR A SIGNATURE

Only ONE person per form please. If more forms are required or if you need help filling in this form, please telephone (0131) 344 2500.

Please write in BLACK INK and use BLOCK LETTERS

1. YOUR ADDRESS (The address where you are registered to vote)

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.....
.....
.....

or the following address

.....
.....
.....

2. ABOUT YOU

First name(s) (in full)

Surname

Daytime or mobile telephone and e-mail
(in case of query only)

3. FOR HOW LONG DO YOU
WANT A POSTAL VOTE?

(a) Until further notice

(b) For election(s) on the following date

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

(c) For elections between the following dates

From

Day Month Year

Until

Day Month Year

4. POSTAL VOTE FOR WHICH ELECTIONS?

All elections you are entitled to vote at

Local elections

Parliamentary elections

5. ADDRESS FOR POSTAL BALLOT PAPER(S)

My address where I am registered to vote in Part 1

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

.....
.....

6. RETURN OF FORM

If you are unable to provide a signature, or you are unable to sign in a consistent or distinctive way because of any disability, or you are unable to read or write, the registration officer, in these circumstances, may grant you a waiver, which will mean you will not be required to provide a signature. However, you will still be required to give your date of birth.

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 (eg 02 05 1965)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please state reason for Waiver requirement

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.....

Name of person assisting you (PLEASE PRINT)

Address of person assisting you

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.....
.....

Signature of person assisting you

Dated / /

.....

HELPFUL INFORMATION

This is a legal document and your vote may depend on it.

PART 1 – ADDRESS WHERE YOU ARE REGISTERED TO VOTE

Please give the address where you are registered (**not the address of the Polling Place**). If you wish to check if you are registered please contact the helpline given on the form.

PART 2 – ABOUT YOU

Please enter your name and contact details. Contact details are optional but are helpful if we need to contact you regarding your application. They will not be used or supplied for any other purpose.

PART 3 – FOR HOW LONG DO YOU WANT A POSTAL VOTE?

Your application to vote by post can be for an indefinite period, a particular election or a particular period. Please indicate your choice.

PART 4 – POSTAL VOTE FOR WHICH ELECTIONS?

For all elections tick the first box.

PART 5 – ADDRESS FOR POSTAL BALLOT PAPER(S)

Please tick the box if you wish your ballot papers to be sent to the address you are registered to vote in Part 1.

If you will be away from home, then you can choose to have your ballot papers sent to an address other than the one shown in Part 1. In this instance you must state a reason.

PART 6 – RETURN OF FORM

Please give your date of birth where requested and state the reason the waiver is required.

The person assisting you should provide their name and address, then sign and date the form.

Applications for a postal vote must be received NO LATER than 5.00pm on the ELEVENTH working day before an election.

When an election or referendum is going to be held, your ballot paper will be sent to you in the post. Please be aware this may be around 7 days before the poll.

If you need further help, please contact us on the telephone number noted below.

Electoral Registration Officer, 17A South Gyle Crescent, Edinburgh EH12 9FL

HELPLINE ~ 0131 344 2500

E-Mail : enquiries@lothian-vjb.gov.uk

Visit our Website : www.lothian-vjb.gov.uk