

Application to vote by proxy at a particular election or referendum

Only one person can apply to vote by proxy using this form

Please write in black ink and use BLOCK LETTERS. When you have completed every section and signed the form yourself, send it to: Electoral Services, Town Hall, 5 Clove Crescent, London, E14 2BG

1 About you

Surname

First name(s) (in full)

Your address (where you are registered to vote)

Postcode

Telephone no (optional)

Email (optional)

Providing an email and telephone number gives a quick and easy way to contact you about your application.

2 About your proxy (the person you have chosen to vote on your behalf)

Full name

Family relationship (if any)

Full address

Postcode

Email or telephone no (optional)

3 At which election(s) and referendum(s) do you want a proxy vote?

I want to vote by proxy at the election(s) and referendum(s) held on:

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| D | D | M | M | Y | Y | Y | Y |

4 Why do you want a proxy vote?

Please explain why you are not able to go to your polling station on polling day:

5 Your date of birth and declaration

Declaration: I have asked the person I have named as my proxy and confirm that they are willing and capable to be appointed to vote on my behalf.

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 two years and/or a fine.

Date of birth: Please write your date of birth in the boxes below using black ink.

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| D | D | M | M | Y | Y | Y | Y |

Signature: Sign below using black ink, keeping within the grey border.

If you are unable to sign this form, please contact your electoral registration office.

6 Date of application

Today's date

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| D | D | M | M | Y | Y | Y | Y |