

APPLICATION TO VOTE BY POST

RoP50 (Web)

If you need help filling in this form please refer to the Guidance Notes.

If further assistance is required, please phone Freephone **0800 980 0471**

Please write in **BLACK INK** and **BLOCK CAPITALS**.

1 Your Current Address

Postcode _____

2 About you

First name(s) (in full) _____

Surname _____

Daytime or mobile telephone or email (Optional) _____

3 Postal vote for how long?

Permanent postal vote

For election(s) on

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

For election(s) until

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

4 Postal vote for which elections?

All elections

Local elections

Parliamentary elections

Please refer to the information on the Guidance Notes.
Return completed form to:

The Electoral Registration Officer
235 Dumbarton Road
CLYDEBANK, G81 4XJ

5 Address for postal ballot paper(s)

My current address as given in Part 1

or

The following address

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

6 Your Date Of Birth

Using the order DD MM YYYY enter your date of birth in the boxes below e.g. if your date of birth is 3rd June 1960 write 03 06 1960

D D M M Y Y Y Y

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		1	9				

7 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 2 years and/or a fine.

Please SIGN in the box below using BLACK ink.

Important - your signature must be completely within the white area and not touch the outline. If you fail to do this, the application may not be valid.

Date of Signing _____