

## APPLICATION TO VOTE BY PROXY

Only one person per form please. If more forms are required, or you need help in completing this form, please contact the Customer Services office on (01249) 706595/6/7.

Please return completed form to North Wiltshire Customer Services, Monkton Park, Chippenham, Wiltshire, SN15 1ER.

Please use **BLOCK LETTERS**.

### 1. About you

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Your Current Registered Address \_\_\_\_\_  
\_\_\_\_\_

Your Address Now (if different) \_\_\_\_\_  
\_\_\_\_\_

### 2. About your proxy

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_ Relationship to you (if any) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

### 3. For how long do you want to vote by proxy ?

I want to vote by proxy at elections (tick one box)

until further notice       For election(s) held on \_\_\_ / \_\_\_ / \_\_\_

For the period \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

### 4. At which elections do you want to vote by proxy ?

Please tick the appropriate box

All Elections       Parliamentary Elections       Local Elections

### 5. Your Signature

Each applicant has to sign their own form. The form will be returned if it is not signed by the applicant. If you make a false statement on this form you can be fined.

I have consulted the person named as my proxy and confirm that he/she is willing and able to be appointed to vote on my behalf.

Signature \_\_\_\_\_ Dated \_\_\_\_\_ Telephone \_\_\_\_\_

Your proxy may also sign this form.

(in case of query only)

I confirm that I am willing and able to be appointed to vote on behalf of the applicant.

Proxy's Signature \_\_\_\_\_ Dated \_\_\_\_\_

**NOW PLEASE COMPLETE SECTION 6 OVERLEAF, GIVING THE REASON FOR YOUR APPLICATION.**

## 6. Reason for your application

You should complete whichever part of this section applies to you. If you are applying just for one election (Part 6A) you do not need anyone to support your application. Also you do not need anyone to support your application if you are registered blind or you receive the higher rate of the mobility component of the disability living allowance (Parts 6B (i) and (ii)). For other reasons you will need to get someone to support your application.

### 6A. One Election Only

I am unable to attend my polling station at the election indicated in Part 3 because :

*(Please state the reason e.g. "I am away on holiday" etc. You do not need anyone to support your application.)*

### 6B. Physical Incapacity

- Either :** (i) I am registered as a blind person by the \_\_\_\_\_ Council  
**Or:** (ii) I receive the higher rate of the mobility component of the disability living allowance because of a physical incapacity which is:

*(Please state the nature of your incapacity)*

- Or:** (iii) I suffer from a physical incapacity, which is :

*(Please state the nature of your incapacity)*

If the address at which you are registered as an elector is a residential care home or sheltered accommodation, then please tick this box

#### Declaration in Support

If you filled in Sections 6B (i) or (ii) you do not need anyone to support your application.

*I confirm that to the best of my knowledge and belief, the applicant is suffering from the incapacity stated and cannot reasonably be expected to attend the polling station in person or to vote there unaided. This is likely to continue \*indefinitely/ \*for the period specified in Part 3 overleaf.*

*If a doctor, a registered nurse or Christian Science practitioner : the applicant is receiving treatment or care from me for the incapacity stated.*

**Signed** \_\_\_\_\_ **Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **\*Qualification/\*Position** \_\_\_\_\_

*\*If the applicant does not live in a residential care home or sheltered accommodation, the declaration must be made by a doctor, a registered nurse or Christian Science practitioner.*

*If the applicant lives in a residential care home or sheltered accommodation, the declaration can be signed by (a) a resident warden of sheltered accommodation, or a head of home, or other person registered under Part 1 of the Registered Homes Act 1984 as carrying on a residential care home, or (b) a person in charge of local authority residential accommodation.*

### 6C. Occupation or Employment

\*I am/\*my spouse is \*employed by/\*attending an educational course at \_\_\_\_\_

as a : (describe job) \_\_\_\_\_ tick box if self-employed

I cannot reasonably be expected to go to my polling station at elections because

*(Please give reason)*

#### Declaration in Support

*I certify that to the best of my knowledge and belief the above statement is true.*

**Signed** \_\_\_\_\_ **Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **\*Position** \_\_\_\_\_

*\* This declaration must be signed by a person authorised to sign on behalf of the employer or educational institution concerned. If the applicant is self-employed, the declaration must be signed by someone who knows the applicant, is 18 years of age or over, and is not related to the applicant.*