GUIDANCE NOTES

POSTAL VOTE – OTHER REASONS

- 1. Please read these notes carefully before filling in the form. If you have any questions please phone the helpline on 0800 432 0712 or text phone 0800 328 4502.
- 2. Your completed application form must reach the Registration Officer by 5pm on Thursday 15 April 2010. If it is received after that time your application will be rejected.
- 3. Please make sure you give full reasons why you think it is unreasonable to expect you to go and vote in person. The fact that voting in person may be inconvenient for you will not, itself, be sufficient
- 4. Given the short time available it may not be possible to return your application to you if you do not complete it correctly. Please check it carefully before submission.
- 5. You can either post your completed application, and any supporting documents, to your local Electoral Office or you can deliver it, or have it delivered, there. For addresses and opening hours please phone the Helpline or visit www.eoni.org.uk
- 6. Section 5 must be signed by another person who -
 - is 18 years or over
 - is resident in the United Kingdom
 - is registered as an elector
 - is <u>not</u> related to you (i.e. not your spouse, civil partner, parent, grandparent, brother, sister, child or grandchild)
 - has not attested more than one other application for this election

You must not sign section 5 yourself. If you do your application will fail.

Parliamentary Election 6 May 2010 POSTAL VOTE – OTHER REASONS

• Please fill in this form in	n CAPITAL LETTERS and BLACK PEN							
 Please read the Guidance Notes before completing it. Making a false statement on this form is a crime for which you could be sent to prison for two years or fined an unlimited amount or both. 			For office use only					
			Ward	Date	Code			
SECTION 1 YOU	R DETAILS							
Surname		Date of bi	rth (DD/MM/\	(YYY)				
First name			/ /					
		National Insurance Number (e.g. AB123456D)						
Middle names (in full)								
Registered Addro	ess	Tick th	nis box if you ha	ave never had	an NI Number			
House / Flat No.		Phone Nu	ımber					
Street Name								
		email add	ress					
Town or city								
Postcode		We will only u	se this if we need to	o check anything				
SECTION 2 – AD	DRESS FOR POSTAL VOTE							
3. Complete this se	llot paper sent to your registered ection only if you want the ballot You must give the reason for the	t paper sent	to another a					
House / Flat No								
Street Name]						
Town or city		Postcode						
Reason								
SECTION 3 – REA	ASON FOR APPLICATION							
I am applying for a po station because	estal vote for the above election becaus	se it is unreas	sonable to expe	ct me to go to	my allotted polling			

[Explain fully why you cannot go to your polling station and vote in person. Unless the registration officer is satisfied with the explanation given your application will be refused. You may attach copy documents, such as hotel booking, wedding invitation etc in support of your application. You do not have to do so but it may strengthen your application if you do. Send only copy documents – what you send will not be returned. Continue your explanation of why you cannot vote in person on a separate sheet if necessary. Vague statements such as 'on holiday in France' or 'working as a joiner in Dublin' are unlikely to be accepted unless supported by a document].

Parliamentary Election 6 May 2010 **POSTAL VOTE – OTHER REASONS**

SECTION 4 – SIGNATURE

You must sign this form in the box below, unless you are unable because of blindness or any other disability or because you are unable to read. No-one else can sign it for you.

Signature

Date

If you cannot sign this form you must ask a witness to fill in the section below for you.

The person whose details are given on this form has told me that the information is correct. That person is unable to sign the form because of blindness/ other disability/ he/she is unable to read* (*delete as appropriate)

Signature of witness

Address of witness

SECTION 5 – ATTESTATION (cannot be signed by you or a relative)

Full Name (CAPITALS PLEASE)

Contact Telephone Number / email address

name

(please give this in case we need more information)

Full Address

(CAPITALS PLEASE)

I certify that-

- I am aged 18 years or over
- I reside in the United Kingdom
- I know the applicant but am not his/her spouse, civil partner, parent, grandparent, brother, sister, child or grandchild.
- I have not attested more than one other application for this election
- to the best of my knowledge and belief the information in section 3 above is true

Signed

SECTION 6 – NEXT STEPS

Now send your completed form to your local Electoral Office. See Guidance Notes for contact details.

When we process your application we will write and tell you the resu
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For official use	Yes	No		Yes		No
Name as register			Applicant signature corresponds			
Address as register			Attestation completed			
DOB corresponds						
NINO same						
Reason – does it make it unreasonable to vote in person: just being inconvenient is insufficient			As soon as any ' NO ' box is ticked enter your name, date and pa form to supervisor			
Address for postal vote in UK and reason given]			

Date