

Application Form to Vote by Proxy for a Particular Election

Please complete in **BLACK INK** and **BLOCK CAPITALS** and return to Electoral Services, Guildhall, Kingston upon Thames, KT1 1EU. If you need help filling in this form please phone **020 8547 5026**.

1 Address where you are registered to vote

2 About you

First name(s) (in full)

Surname

Title (Mr, Mrs, Ms, Miss, Dr, Other)

3 Your Date of Birth

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

4 Your Declaration

As far as I know, the details on this form are true and accurate. I have asked the person named in section 5 who is willing and able to vote for me as my proxy.

Signature: Keep within the border and use **BLACK INK**

I cannot supply a signature because

Date:

5 Who do you want to vote on your behalf?

Name (in full)

Address

Relationship to you (if any)

6 Proxy vote for which elections?

I want to vote by proxy at all elections on:

1	5	1	2	2	0	1	1
Day		Month		Year			

7 Reason for this application

.....

.....

8 Proxy's Declaration (optional)

I am capable and willing to be appointed to vote as the applicant's proxy

Signature:

Date:

9 Have you had help completing this form?

Name and Address of helper

For office use only:

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