

Application Form to Vote by Proxy for a Particular Election

Please complete in BLACK INK and BLOCK CAPITALS. Return to Electoral Services, Guildhall, 2 High Street, Kingston upon Thames, KT1 1EU or email to electoral.services@kingston.gov.uk. If you have any queries, please contact Electoral Services using the details above.

1 Address where you are registered to vote

2 About you

First name and middle initials

Surname

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

Contact Details (you do not have to provide these but they may help us resolve any queries quickly)

Tel. _____

Email: _____

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 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?

First Name and Surname

Full Address

Relationship to you (if any)

6 Proxy vote for which elections?

I want to vote by proxy at all elections on:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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:

INT