

APPLICATION FORM FOR A PROXY TO VOTE BY POST

Please read the enclosed letter and attached notes carefully before completing this form. If you need help filling in this form please phone (020) 8871 6023.

Please write in **BLACK INK** and **CAPITAL LETTERS** (except for your signature).

1 Your details

Your name

Your address

Preferably a daytime or mobile phone number in case of query or alternatively email

2 The elector on whose behalf you are voting

Name of elector

Their address

3 Your declaration

As far as I know, the details on this form are true and accurate. (You can be fined for making a false statement on this form).

Date of birth (e.g. 02 09 1956)

| | | | | | | | |
|-----|--|-------|--|------|---|--|--|
| | | | | 1 | 9 | | |
| Day | | Month | | Year | | | |

Please SIGN in the box below using BLACK ink (your signature should not be in capital letters unless that is how you normally sign).

Important – keep signature within the border
If you fail to do this, the application will not be valid.

Date of signing

| | | | | | | | |
|-----|--|-------|--|------|---|---|--|
| | | | | 2 | 0 | 1 | |
| Day | | Month | | Year | | | |

YOUR RIGHT TO VOTE BY POST AS PROXY – COLLECTION OF PERSONAL IDENTIFIERS

1. For the security of all proxy votes and **by law** all current proxy voters are required to give their signature and date of birth. If they do not provide this information their proxy vote facility will be cancelled.
2. If you, as the voter's proxy wish to vote by post, you also need for this reason to provide your signature and date of birth. If you do not provide your signature and date of birth you will not be sent their ballot paper via the post and either you or the elector will only be able to vote at their polling station.
3. If you are unable to provide a signature, or you are unable to sign in a consistent or distinctive way because of any disability, or you are unable to read or write, the Electoral Registration Officer, in these circumstances, may grant you a waiver, which will mean you will not be required to provide a signature. However, you will still be required to give your date of birth.
4. The personal details you provide on this form will be checked against those we already hold to ensure that the elector's right to vote cannot be used by anyone else.
5. When you receive the elector's ballot paper a postal voting statement will also be enclosed. This statement will need to be signed by you and you will also be required to give your date of birth.

QUICK CHECKLIST

- For this collection of personal identification exercise each proxy must fill in their own form.
- The form should be completed in CAPITAL LETTERS except for your signature, and in BLACK ink.
- You are required to give your date of birth.
- **Code of Data Matching Practice.** This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

WHAT TO DO WITH THIS FORM

Fill in the form and send or take it to Electoral Services at Wandsworth Council.

Electoral Services is located in Room 81 on the ground floor of the Town Hall, Wandsworth High Street, SW18 2PU.

The entrance to the reception area is in Fairfield Street. The reception is fully accessible to people with disabilities. An inductive loop and a textphone facility are also available for people with hearing impairments.

You can also return your form by fax and by email as a scanned attachment to numbers/address given.

If there is anything you do not understand, or if you would like more information, contact:

Electoral Services
Room 81, Town Hall,
Wandsworth High Street, London, SW18 2PU

TELEPHONE (020) 8871 6023

TEXTPHONE (020) 8871 6024
for those who are deaf or
have partial hearing

FAX (020) 8871 8382

EMAIL electoral@wandsworth.gov.uk