

HELPFUL INFORMATION

This is a legal document and your vote may depend on it.

PART 1 - ADDRESS WHERE YOU ARE REGISTERED TO VOTE

Please give the address where you are registered. If you wish to check if you are registered please contact the telephone number below.

PART 2 - ABOUT YOU

Please enter your name and contact details. Contact details are optional but are helpful if we need to contact you regarding your application. They will not be used or supplied for any other purpose.

PART 3 - HOW LONG DO YOU WANT A POSTAL VOTE?

Your application to vote by post can be for an indefinite period, a particular election or a particular period. Please indicate your choice.

PART 4 - POSTAL VOTE FOR WHICH ELECTIONS?

For all elections tick the first box.

PART 5 - ADDRESS FOR POSTAL BALLOT PAPER(S)

Please tick the box if you wish your ballot papers to be sent to the address you are registered to vote in Part 1. If you will be away from home, then you can choose to have your ballot papers sent to an address other than the one shown in Section 1. In this instance you must state a reason.

PART 6 - YOUR DECLARATION

Please give your date of birth where requested and sign the form in the box.

Applications for a postal proxy vote must be received NO LATER than 5.00pm on the ELEVENTH working day before the election.

Postal ballot papers are issued at the earliest ten days before and the latest four days before date of the election

If you need further help, please contact us on the telephone number noted below.

Electoral Registration Officer, 9 Wellington Square, Ayr KA7 1HL

Telephone ~ 01292 612221

Fax : 01292 612673

E-Mail : avjb@south-ayrshire.gov.uk

www.ayrshire-vjb.gov.uk

March 2008

NOTES FOR A VOTE BY POST

APPLICATION TO VOTE BY POST

If you need help filling in this form please phone **01292 612221**
Please write in **BLACK INK** and **BLOCK CAPITALS**.

1 Address where you are registered to vote

2 About you

First name(s) (in full)

Surname

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

Daytime or mobile telephone or email (Optional)

3 Postal vote for how long? Please choose one

(a) Permanent postal vote

(b) For election(s) on

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

(c) For election(s) until

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

4 Postal vote for which elections? Please choose one

(a) All elections

(b) Local elections

(c) Parliamentary or Assembly elections

5 Address for postal ballot paper(s)

My address where I'm registered to vote in Part 1

or

The following address

Reason for sending ballot paper(s) to an alternative address

6 Your Date Of Birth

Using the order DD MM YYYY enter your date of birth in the boxes below e.g. if your date of birth is 3rd June 1960 write 03 06 1960

D D M M Y Y Y Y

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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | 1 | 9 | | | | |

7 Declaration

As far as I know, the details on this form are true and accurate. Please SIGN in the box below using BLACK ink.

Important – your signature must be completely within the white area and not touch the shaded outline. If you fail to do this, the application will not be valid.

Date of Signing _____