

# Application Form to Vote by Proxy

Please complete in **BLACK INK** and **BLOCK CAPITALS** and return to Electoral Services at the address at the bottom of this page.

## Address where you are registered to vote

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## About you

First name(s) (in full)

Surname

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

\_\_\_\_\_

## Your Date of Birth

Day		Month		Year	

## Your Declaration

As far as I know, the details on this form are true and accurate. I have asked the person named above 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:**

\_\_\_\_\_

## Who do you want to vote on your behalf?

Name (in full)

Address

Relationship to you (if any)

## Proxy vote for which elections?

All elections you are entitled to vote at

Local elections

Parliamentary or Assembly elections

For election(s) on

Day		Month		Year					

## Reason for this application

## Proxy's Declaration (optional)

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

**Signature:**

**Date:**

## Have you had help completing this form?

Name and Address of helper

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this form to:-

**Electoral Services,  
Basingstoke & Deane Borough Council,  
FREEPOST BZ97/7, BASINGSTOKE. RG21 4GA  
or Fax to:- 01256 845200**

