

Application Form to Vote by Proxy for a definite or indefinite period

Please complete all sections – INCLUDING THOSE RELEVANT OVERLEAF - in **BLACK INK** and **BLOCK CAPITALS** and return to Electoral services, Swanspool House, Doddington Road, Wellingborough, Northamptonshire, NN8 1BP. If you need help filling in this form please phone **01933**

Address where you are registered to

Who do you want to vote on your behalf?

Name (in full)

Address

Relationship to you (if any)

About you

First name(s)

Surname

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

Proxy vote for which elections?

All elections you are entitled to vote at

Local elections

Parliamentary elections

For how long do you want a proxy vote?

Until further notice

For election(s) on

Day

Month

Year

For election(s) until

Day

Month

Year

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.

Sign within the border using **BLACK INK**

I cannot supply a signature because

Date:

If you asked someone to help you complete this form, please attach their name and address

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:

For office use only