

# ▶ Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, Ground Floor, Laurence House, Catford, London, SE6 4RU. If you need help filling in this form please phone **020 8314 6086**.

## 1 Address where you are registered to vote

## 5 Your National Insurance Number

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If you cannot provide your national insurance number we will need other evidence of your identity

## 2 About you

First name(s) (in full)

Surname

Email address (optional)

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## 6 For how long do you want a postal vote?

Until further notice

For election(s) on

Day		Month		Year				

For election(s) until

Day		Month		Year				

## 3 Your Date of Birth

Day		Month		Year				

## 7 Address for postal ballot paper(s)

My address where I'm registered to vote or

The following address

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

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## 4 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.)

**Signature: Keep within the border and use BLACK INK.**

I cannot supply a signature because

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**Date:** \_\_\_\_\_

## 8 Have you had help completing this form?

Name and Address of helper

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