

# APPLICATION FOR POSTAL VOTE AND FOR WAIVER OF THE REQUIREMENT FOR A SIGNATURE

Only ONE person per form please. If more forms are required or if you need help filling in this form, please telephone (01224) 664848.

Please write in BLACK INK and use BLOCK LETTERS.

## 1. Address where you are registered to vote

.....  
.....  
.....

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

.....  
.....

## 5. Return of form

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 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.

**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.*

## 2. About you

First name(s) (in full)

.....

Surname

.....

Daytime or mobile telephone and e-mail (in case of query only)

.....

.....

## 3. For how long do you want a postal vote?

(a) Until further notice

(b) For election(s) on the following date

Day

Month

Year

(c) For elections between the following dates

From

Day

Month

Year

Until

Day

Month

Year

Date of Birth (eg 02 05 1965)

D D

M M

Y Y Y Y

**Please use BLACK ink**

**Please state reason for waiver requirement**

.....  
.....  
.....

Name of person assisting you (PLEASE PRINT)

.....  
.....

Address of person assisting you

.....  
.....  
.....

Signature of person assisting you

.....  
.....

Today's Date / /

## 4. Address for postal ballot papers

My address where I am registered to vote in Part 1 or the following address

.....  
.....  
.....

## HELPFUL INFORMATION

This form is for registered electors who cannot provide a consistent signature but nevertheless intend to vote by post rather than attend a polling station.

This is a legal document and your vote may depend on it. It is an offence to provide false information. The maximum penalty is 6 months imprisonment and/or a £5,000 fine.

### **PART 1 – ADDRESS WHERE YOU ARE REGISTERED TO VOTE**

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Please give the address where you are registered. If you wish to check if you are registered please contact the helpline given on the form.

### **PART 2 – ABOUT YOU**

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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?**

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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 – ADDRESS FOR POSTAL BALLOT PAPER(S)**

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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 5 – RETURN OF FORM**

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Please give your date of birth where requested and state the reason the waiver is required (why you cannot provide a consistent signature).

The person assisting you should provide their name and address, then sign and date the form.

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

Postal ballot papers are normally issued approximately one week before the date of an election.

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

**Grampian Electoral Registration Office, Woodhill House, Westburn Road, Aberdeen AB16 5GE**  
**ENQUIRIES ~ 01224 664361**  
E-mail : [ero@grampian-ero.gov.uk](mailto:ero@grampian-ero.gov.uk)  
Visit our Website [www.grampian-vjb.gov.uk](http://www.grampian-vjb.gov.uk)

March 2016  
Postal Vote (signature waiver)