

# Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to: Electoral Registration Office, Building 2, North London Business Park, Oakleigh Road South, N11 1NP. If you need help filling in this form please phone: 0208 359 5577.

## 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	

## 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.**

**Today's date:**

**Daytime Telephone (in case of query):**

\_\_\_\_\_

## 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			

## Address for postal vote (s)

The address in section 1

Or the following address

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

## Have you had help completing this form?

Name and Address of helper

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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