

APPLICATION TO VOTE BY POST



1. Your details:

Name:

Address

.....

.....

Postcode:

Electoral Services Unit
Northgate House
Northgate
Halifax
HX1 1UN

Tel: 01422 393103

e-mail: electoral-services@calderdale.gov.uk

Fold here
↓

2. How long do you want the postal vote for? (See note 2 overleaf)

- All elections until further notice
- For a period from (start date).....to (end date).....
- For election(s) to be held on.....

3. Where do you want your postal vote sent? (See note 3 overleaf)

If you want your ballot papers sent to you at a different address please give the full address below, and you must state your reason for this request.

Address

.....

.....

Reason

.....

Fold here
↓

4. Your Date of Birth:

Please complete all 8 boxes using **dark ink** (see notes)



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5. Your Signature:

Please sign your normal signature within the grey box, using **dark ink**



6. Today's Date:

...../...../.....

Please read these notes before completing the form

1. Your full name and address must be given in Part 1.
2. Please state for how long you want a postal vote. Tick **one** box only in Part 2. If you do not tick any of the boxes your postal vote will be valid until further notice
3. If you want your postal vote to be sent **to you** at a different address, please complete Part 3. You **must** give a reason to justify this request. **The postal vote must be completed by you, no-one else can vote on your behalf.**
4. Complete your date of birth in Part 4, using **dark** ink. Ensure that all eight date of birth boxes are filled, using zeros where necessary, e.g. 09 04 1983.
5. Please sign your normal signature within the grey box in Part 5, using **dark** ink. Ensure that you do not sign over the grey borders of the box.
6. If you are unable to give a signature because of injury or disability, please contact the Electoral Registration Officer, whose details are printed overleaf. In such circumstances it may be possible for a waiver to be granted.
7. Date the form with the date of completion in Part 6.
8. After completion, fold the form along the grey lines marked in the margins and return it to The Electoral Registration Officer, Calderdale MBC, Town Hall, Halifax, HX1 1UJ. You will receive an acknowledgement of your application.

Please do not fold the form through your date of birth or your signature.

9. Return this form as soon as possible – do not wait until the next election.
10. Postal votes are sent out at least a week before polling day.
11. Should you wish to cancel your postal vote at any time, you must do so in writing. If you wish to vote in person at an election your cancellation must be received by the Electoral Registration Officer no later than 5pm on the 11th working day before the election.
12. Please note: if you have a postal vote you CANNOT vote in person at the polling station on polling day.

Information Provided On the Postal Vote Application Form

It is an offence to provide false information when applying for a postal vote. Anyone found guilty of such an offence is liable, on summary conviction, to a term of imprisonment of up to 51 weeks and/or a fine not exceeding level 5 on the standard scale, currently £5,000.

If you would like this information in another language or format, please contact

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اگر آپ کو یہ معلومات کسی دوسری زبان
یا شکل میں چاہیے تو رابطہ کریں:

BENGALI

আপনি যদি এই তথ্য অন্য কোন মাধ্যম অথবা ভাষায়
তাহলে দয়া করে যোগাযোগ করুন :

The Electoral Services Unit, Northgate House, Northgate, Halifax, HX1 1UN.

Tel: 01422 393103 Fax 01422 393090 .

E Mail: electoral-services@calderdale.gov.uk