|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| newvalelogoBW | **Postal Vote Application**  **Form** | | | |  |
| **NAME:**  **ADDRESS:** | | | | | **Elector No:** |
| **Our contact details are:**  **Telephone: 01446 709748**  **E-mail: electoralregistration@**  **valeofglamorgan.gov.uk** |
| **Please ensure that you complete ALL SECTIONS of this form correctly and return it to:**  **ELECTORAL SERVICES**  **VALE OF GLAMORGAN COUNCIL**  **CIVIC OFFICES**  **HOLTON ROAD**  **BARRY**  **CF63 4RU** | | | | **Please provide your contact details in case we need to contact you about this application:**  **Daytime or mobile number:**  **E-mail:** | |
| **Do you wish to have a Postal Vote for a limited period? If so,**  **please state the date that you wish your Postal Vote to end:**   |  |  | | --- | --- | |  |  |  |  |  | | --- | --- | |  |  |  |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  |   **Do you wish to have a Postal Vote for a specific election?**   |  | | --- | |  |  |  | | --- | |  |   **All Elections National Assembly/Local Elections UK/European Parliamentary Elections**   |  | | --- | |  | | | | | | |
| **REQUEST FOR A SIGNATURE WAIVER BECAUSE YOU ARE UNABLE TO PROVIDE A SIGNATURE**   |  | | --- | |  |   **If you have a disability that prevents you from signing, are unable to read or write or are unable to sign in a consistent and distinctive way because of a disability or inability, you can apply for a waiver. Please tick this box and we will send you a waiver application form (DO NOT complete any other part of this form).** | | | | | |
| **If you wish your Postal Vote to be sent to an address OTHER than the address shown above, please provide the address here and a brief reason why you have requested this:**  **Address:**    **Reason:** | | | | | |
| **Please enter your DATE OF BIRTH in the boxes below in a DD MM YYYY format, writing clearly within the borders of the boxes, using a black pen.**  **FOR EXAMPLE:**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **1** | **1** |  | **0** | **9** |  | **1** | **9** | **4** | **2** |   **My date of birth is:**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |     **D D M M Y Y Y Y** | | **Please sign your normal SIGNATURE within the box below, without crossing the shaded grey area, using a black pen.**  Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| newvalelogoBW | **Ffurflen Gais ar gyfer Pleidleisio drwy’r Post** | | | |  |
| **ENW:**  **CYFEIRIAD:** | | | | | **Rhif yr Etholwr:** |
| **Ein manylion cyswllt yw:**  **Ffôn: 01446 709748**  **E-bost: electoralregistration@**  **valeofglamorgan.gov.uk** |
| **Gwnewch yn siŵr eich bod wedi llenwi POB ADRAN yn gywir, yna anfonwch y ffurflen yn ôl i’r cyfeiriad hwn:**  **GWASANAETHAU ETHOLIADOL**  **CYNGOR BRO MORGANNWG**  **SWYDDFEYDD DINESIG**  **HEOL HOLTON**  **Y BARRI**  **CF63 4RU** | | | | **Rhowch eich manylion cyswllt rhag ofn y bydd angen cysylltu â chi ynglŷn â’r cais hwn:**  **Rhif ffôn yn ystod y dydd neu ffôn symudol:**  **E-bost:** | |
| |  |  | | --- | --- | |  |  |   **Ydych chi am gael Pleidleisio drwy’r Post dros dro’n unig? Os felly, nodwch y dyddiad yr hoffech i’r bleidlais ddod i ben?**   |  |  | | --- | --- | |  |  |   **A hoffech gael Pleidlais drwy’r Post ar gyfer etholiad arbennig?**   |  | | --- | |  |  |  | | --- | |  |  |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  |   **Pob Etholiad Etholiadau’r Cynulliad/Etholiadau lleol Etholiadau Senedd y D.U./Senedd Ewrop**   |  | | --- | |  | | | | | | |
| **CAIS AM GAEL HEPGOR LLOFNOD AM NA FEDRWCH LOFNODI**   |  | | --- | |  |   **Os ydych yn methu â llofnodi oherwydd anabledd, yn methu â darllen nac ysgrifennu, neu’n methu, oherwydd anabledd neu ddiffyg gallu, â darparu llofnod sydd bob amser yn gyson ac yn nodweddiadol, cewch wneud cais am hepgor llofnod. Ticiwch y blwch hwn ac anfonwn ffurflen gais atoch (PEIDIWCH â llenwi unrhyw ran arall o’r ffurflen).** | | | | | |
| **Os ydych am i ni anfon eich Pleidlais drwy’r Post i gyfeiriad sy’n WAHANOL i’r un uchod, nodwch y cyfeiriad hwnnw, a’r rheswm am eich cais:**  **Cyfeiriad:**    **Rheswm:** | | | | | |
| **Nodwch eich DYDDIAD GENI yn y blychau canlynol ar fformat DD MM BBBB, yn eglur, mewn inc du, gan ofalu rhag cyffwrdd ag ymylon y blychau.**  **ER ENGHRAIFFT:**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **1** | **1** |  | **0** | **9** |  | **1** | **9** | **4** | **2** |   **Fy nyddiad geni yw:**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |     **D D M M B B B B** | | | **Rhowch eich LLOFNOD arferol yn y blwch canynol mewn inc du, gan ofalu rhag cyffwrdd â’r ymylon llwyd.**  Dyddiedig:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |