|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *newvalelogoBW* | | **Application to Vote**  **by Proxy**  **(Postal Proxy - Elector)** | | | **Office use only**  Elector  No. |
|  |
| **About yourself** | | | | | **Please give your telephone number(s) for contact**  Home:  Work:  Mobile: |
| **Your full name** |  | | | |
|
| **Your**  **Registration address** |  | | | |
|  | | | |
|  |  | | | |
| **Do you wish to have a Proxy Vote for a limited period or a specific Election? If so, please state the date that you wish your Proxy Vote to expire:**  **……………………………………………… ………………………….** | | | | | |
| **About your Proxy** | Surname | | | Forename | |
| Address | | | | |
|  |  | | | | |
|  | Post Code Relationship to you *(if any)* | | | | |
| **Please ensure that you have completed each section of this form correctly and then return it to:**  **ELECTORAL SERVICES**  **VALE OF GLAMORGAN COUNCIL**  **CIVIC OFFICES**  **HOLTON ROAD**  **BARRY**  **CF63 4RU** | | | **If you have any questions regarding this form, please contact the Electoral Registration Office on:**  **01446 709748** | | |
| **Your Date of Birth:** 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.**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |     Today’s Date: …../……./……… | | | **Your Signature:** Please sign your normal signature within the box below, **without crossing the shaded grey area**, using a **black pen**. | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *newvalelogoBW* | | **Application by Proxy to Vote by Post**  **(Postal Proxy - Proxy)** | | |  |
| The Proxy’s Details |  | | | | **Please give your telephone number(s) for contact**  Home:  Work:  Mobile: |
| The Elector’s Details |  | | | | **Please give your telephone number(s) for contact**  Home:  Work:  Mobile: |
| **Do you wish to have a Postal Vote for a limited period or a specific Election? If so, please state the date that you wish your Postal Vote to expire:**  **……………………………………………… ………………………….** | | | | | |
| **If you wish your Postal Vote to be sent to an address OTHER than the registered address shown above, please give the address here and a brief reason as to why you have requested this:**  Address:……………………………………………………………………  ………………………………………………………………………….  Reason:…………………………………………………………………… | | | | | |
| **Please indicate if any of the conditions below apply, as you may not be required to provide a specimen signature if you:**   |  |  | | --- | --- | | **a) Have a disability that prevents you from signing…………………………………………………………………………** |  | | **b) Are unable to read or write……………………………………………………………………………………………………** |  | | **c) Are unable to sign in a consistent and distinctive way because of a disability or inability……………………….** |  | | | | | | |
| **Please ensure that you have completed each section of this form correctly and then return it to:**  **ELECTORAL SERVICES**  **VALE OF GLAMORGAN COUNCIL**  **CIVIC OFFICES**  **HOLTON ROAD**  **BARRY**  **CF63 4RU** | | | | **If you have any questions regarding this form, please contact the Electoral Registration Office on:**  **01446 709748** | |
| **Your Date of Birth:** 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.**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |     Today’s Date: …../……./……… | | | **Your Signature:** Please sign your normal signature within the box below, **without crossing the shaded grey area**, using a **black pen**. | | |