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| 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:**

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**Do you wish to have a Postal Vote for a specific election?**

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 **All Elections National Assembly/Local Elections UK/European Parliamentary Elections**

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| **REQUEST FOR A SIGNATURE WAIVER BECAUSE YOU ARE UNABLE TO PROVIDE A SIGNATURE**

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**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:**

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| **1** | **1** |  | **0** | **9** |  | **1** | **9** | **4** | **2** |

**My date of birth is:**

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 **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:**  |
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**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?**

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**A hoffech gael Pleidlais drwy’r Post ar gyfer etholiad arbennig?**

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 **Pob Etholiad Etholiadau’r Cynulliad/Etholiadau lleol Etholiadau Senedd y D.U./Senedd Ewrop**

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| **CAIS AM GAEL HEPGOR LLOFNOD AM NA FEDRWCH LOFNODI**

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**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:**

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| **1** | **1** |  | **0** | **9** |  | **1** | **9** | **4** | **2** |

**Fy nyddiad geni yw:**

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 **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |