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| *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.**

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 Today’s Date: …../……./……… | **Your Signature:** Please sign your normal signature within the box below, **without crossing the shaded grey area**, using a **black pen**.  |

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| *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……………………….** |  |

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| **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** |
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 Today’s Date: …../……./……… | **Your Signature:** Please sign your normal signature within the box below, **without crossing the shaded grey area**, using a **black pen**.  |