

Bolton Council

Proxy Vote Application (PERMANENT)

Please complete applicable sections overleaf

Your Name:
Your Address (where you are registered to vote):
.....
..... Postcode:

Please give your contact telephone numbers:

Home:

Work:

Mobile:

Your Proxy Details

Surname:..... Forenames:.....

Address:.....

Post Code:..... Relationship to you (if any).....

- Your proxy must be able to vote in the type of election concerned, and must be a registered elector.
- A person cannot vote as a proxy for more than 2 voters, including yourself, unless he/she is the husband/wife, parent, grandparent, brother, sister, child or grandchild of the voter.
- Tick this box if you think your proxy may not be able to vote on your behalf and may wish to apply for a postal vote
- **Please note** – If your proxy requires your vote by post we must receive their completed postal proxy application no later than 5pm 11 working days before election day (in addition to this proxy application).

Please indicate if any of the conditions below apply, as you may not be required to provide a 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:

THE ELECTIONS OFFICE, 2nd Floor,
Howell Croft North, Bolton, BL1 1QY

If you have any questions regarding this form, please contact the Electoral Registration Office on:

01204 333911 / 333843 / 331248 / 338784 / 331247

Declaration: I have asked the person I have named as my proxy and confirm that he/she is willing and able to be appointed to vote on my behalf.

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:/...../.....

PLEASE NOW COMPLETE RELEVANT SECTION OVERLEAF

Your Signature: Please sign your normal signature within the box below, **without crossing the shaded grey area**, using a **black pen**.

Why you are applying		<i>Please complete whichever of parts A, B, C, D, E, or F applies to you, including the other signatures where needed.</i>	
A	I suffer from a physical incapacity , which is		
Declaration in support		I confirm that to the best of my knowledge and belief the applicant is suffering	
From the incapacity stated above [for which I am treating him/her] [for which he/she is receiving care from me]; that he/she cannot reasonably be expected to go in person to his/her polling station or to vote unaided there; and that The incapacity is likely to continue [indefinitely] [for the period specified overleaf].			
Signed		Name	Date
Address			
Qualification*		*This declaration must be made by doctor, a registered nurse or Christian Science practitioner	
B	If the address at which you are registered as an elector is a residential care home or sheltered housing accommodation please tick this box		
Declaration in support			
Signed		Name	Date
Address			
Position*			
*A person is entitled to make this declaration who is (1) A resident warden of sheltered accommodation, or a head of home, or other person registered under Part 1 of the Registered Homes Act 1984 as carrying on residential care home or (2) a person in charge of local authority residential accommodation			
C	I am registered as a blind person by the		Council
D	I receive the higher rate of the mobility component of the disability living allowance, because of a physical incapacity. This capacity is		
E	*[I am] *[my husband/wife] is *[employed by] *[attending an educational course at] <i>*cross out whichever does not apply</i>		
	Describe job or type of course		
	and I cannot reasonably be expected to go to my polling station to vote because <i>(give reason)</i>		
Declaration in support †		I certify that to the best of my knowledge and belief the statement above is true.	
Signed		Name	Date
Address:			
Position		† This must be signed by a person authorised to sign on behalf of the employer or educational institution concerns.	
F	I am / my husband/wife is self-employed as (describe job)		
	and I cannot reasonably be expected to go to my polling station to vote because <i>(give reason)</i>		
Declaration in support †		I am 18 or over, know the applicant and certify that to the best of my knowledge and belief the statement above is true. I am not related to him/her.	
Signed		Name	Date
Address:			
Please return to : Elections Office, Howell Croft North, Bolton, BL1 1QY		Helpline : 01204 333911 / 338784	