

Application to Vote by Post



Elections Office
Tameside One
Market Place
Ashton-under-Lyne
OL6 6BH

Telephone: 0161 342 3036
Web: www.tameside.gov.uk
Email: elections@tameside.gov.uk

Address:

First name (in full):

Surname or family name:

I wish to vote by post (*Tick ONE box only*)

Until further notice

or

Only at the elections to be held on: / /

or

Only at elections during the period: / / to / /

At which types of elections would you like a postal vote? (*Tick ONE box only*)

All elections

or

Only local elections

or

Only parliamentary elections

I want my ballot paper to be sent to: (*Tick ONE box only*)

My address where I am registered (as above)

or

The following address: I require this redirection because:

.....

.....

Declaration: As far as I know, the details on this form are true and accurate.
(You must provide your date of birth, but if you are unable to sign please see overleaf).

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**.

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

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Date of Signing/...../20.....

Your contact details (optional):

Telephone:

Email:

Under s.14(1)(c) of the Electoral Administration Act 2006, the Electoral Registration officer may dispense with the requirement for postal vote applicants to provide a signature if s/he is satisfied that the applicant is unable:-

- a) To provide a signature because of any disability the applicant has;
- b) To provide a signature because the applicant is unable to read or write;
- c) To sign in a consistent and distinctive way because of any such disability or inability.

If you wish to apply for an exemption please ensure that either Section A OR Section B below is completed. If anyone has assisted you to complete this form his or her name and address must also be provided.

SECTION A	I cannot provide a signature because I am disabled, whilst I am capable of understanding the form and am able to make my own mind up regarding who I wish to vote for, my disability prevents me from being able to sign my signature because:	
Please state nature of disability. For example: I am blind; I have had a stroke and have lost the use of my hand; I have Parkinson's and my signature is inconsistent and different each time I write it		
The following person has assisted in the completion of this form:		
Name of helper:		Relationship of helper to voter: <i>Eg. Family member/carer/neighbour/advisor Council staff etc.</i>
Address of helper:		Postcode:
Signature of helper:		Dated:

SECTION B	I cannot provide a signature because I am unable to read or write.	
The following person has assisted in the completion of this form:		
Name of helper:		Relationship of helper to voter: <i>Eg. Family member/carer/neighbour/advisor/Council staff etc.</i>
Address of helper:		Postcode:
Signature of helper:		Dated:

Please return this form to the Electoral Services Unit (the address is at the top of the page overleaf). We may need to write to you again for more information. **Remember to provide your date of birth.**