APPLICATION TO VOTE BY POST

Only one person can apply to vote by post using this form. Please write in black ink and use BLOCK LETTERS. When you have completed every section and signed the form yourself, send it to your electoral registration office. You can get the address at **yourvotematters.co.uk**. Or return it to us in the Freepost envelope supplied, and we will forward it within two working days to the Electoral Registration Office.

1 Registered address

Please complete any missing details.

Surname

First names (in full)

Your full address (where you are registered to vote)

Daytime telephone (optional)

Mobile number (optional)

E-mail address (optional)

2 How long do you want a postal vote for?

Please tick **one box** only:

☐ I want to vote by post for the election to be held on Thursday 22nd November 2018

This application does not override any existing permanent postal vote which is already registered in my name.

☐ I want to vote by post in all elections or referendums until further notice

☐ I want to vote by post for the period

From D D M M Y Y Y Y

To D D M M Y Y Y Y

NOT APPLICABLE IF RETURNING DIRECT TO YOUR LOCAL ELECTORAL REGISTRATION OFFICE.

We would like to keep in touch with you about our work locally and campaigning activities. Please tick the relevant boxes below to indicate how you would like to receive this information.

☐ Address ☐ Email ☐ Home Phone ☐ Mobile

The information you provide will be used for these purposes only, and will be used only by the Conservative Party; including its candidates, representatives and associations. We will not give information to anyone else, and it will be easy to withdraw your consent at any time.

3 Address for ballot paper

Please send my ballot paper to (if different to registered address):

Address

Postcode

The reason I would like my ballot paper sent to this address, rather than my registered address is:

4 Your date of birth and declaration

Declaration: As far as I know, the details on this form are true and accurate. I understand that to provide false information on this form is an offence, punishable on conviction by imprisonment of up to two years and/or a fine.

Date of birth: Please write your date of birth 'DD MM YYYY' in the boxes below, using **black ink**.

Signature: Sign below, keeping within the grey border.

If you are unable to sign this form, please contact your Electoral Registration Officer.

5 Date of application

Today's date D D M M Y Y Y Y