

# Guildford Borough Council Application to Vote by Proxy

PX

Please complete all sections - including those relevant overleaf – in **BLACK INK** and **BLOCK CAPITALS**.  
If you need any assistance filling in this form please phone 01483 444115.

## 1 Address where you are registered to vote

## 2 About you

First name(s) (in full):

Surname:

Email address:

Telephone number:

## 6 Name and address of appointed proxy

Proxy first name(s) (in full):

Proxy surname:

Proxy address:

Relationship to you (if any):

## 7 Your date of birth

--	--	--	--	--	--	--	--

Day

Month

Year

## 8 Your declaration

I have asked the person I have named as my proxy and confirm that they are willing and capable to be appointed to vote on my behalf.

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.

Please sign within the border below using **BLACK INK**.

Date:

---

## 3 How long do you want to vote by proxy?

(a) Until further notice

(b) For elections on the following date

Day	Month	Year			

(c) For elections between the following dates

From					
	Day	Month	Year		
Until					
	Day	Month	Year		

## 4 Proxy vote for which elections

All elections you are entitled to vote at

Local elections

Parliamentary or Assembly elections

## 5 Proxy postal vote required

Yes

**NOW COMPLETE OVERLEAF, GIVING THE REASON FOR YOUR APPLICATION AND SUPPORTING DECLARATION IF REQUIRED**

**9 Reason for your application**

You should complete which section applies to you

**9A One election only**

I am unable to attend my polling station at the election indicated in part 3 because:

\_\_\_\_\_ (Please state the reason e.g. "I am away on holiday")

**9B Registered blind**

I am registered blind with \_\_\_\_\_ (name of local authority)

My registered number is \_\_\_\_\_

**9C Benefit payments**

I am currently in receipt of one of the following:

- i) A higher rate of the mobility component of a disability living allowance
- ii) The enhanced rate of the mobility component of the personal independence payment
- iii) An Armed Forces independence payment

Please provide details of your registered/allowance number: \_\_\_\_\_

**9D Long term illness or disability (supporters declaration required)**

If you have a long-term illness or disability which makes it difficult for you to vote in person, your application must be supported by one of the following:

- A registered medical practitioner, a registered nurse, a registered dentist, a registered dispensing optician or optometrist, a registered chiropractor, a person registered under the Health Professions Order 2001 or a Christian Science practitioner. If you are in a residential home or sheltered housing, the matron, home care director or warden may support your application.

Supporter's full name:	
Supporter's address:	
Supporter's qualification:	
Nature of illness or disability:	

**9E Employment or education (supporters declaration required)**

If your job or educational course, or that of your spouse, takes you away from home for long periods, your application must be supported by:

- Either your employer or your spouse's employer
- If you are self-employed, your supporter must be 18 or over, know you, and not be related to you
- In the case of an educational course then by the institution holding it

Supporter's full name:	
Supporter's address:	
Supporter's qualification:	
Employer name:	
Employee job title:	
Self-employed (give job title):	
Educational institution:	

**9F Supporter's declaration**

I am properly qualified to support this application and the information provided is true to the best of my knowledge and belief.

Signature of supporter: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN YOUR COMPLETED FORM TO ELECTORAL SERVICES, GUILDFORD BOROUGH COUNCIL, MILLMEAD HOUSE, MILLMEAD, GUILDFORD, GU2 4BB**