

Don't lose your right to vote **X**  
Elections & Electoral Registration Office  
Kelham Hall, Kelham, Newark, Nottinghamshire, NG23 5QX  
**Telephone Helpline:** 01636 655245 or 655459  
**Website:** [www.newark-sherwooddc.gov.uk/vote](http://www.newark-sherwooddc.gov.uk/vote)  
**Email:** [voting@newark-sherwooddc.gov.uk](mailto:voting@newark-sherwooddc.gov.uk)



### **Register of Electors – Postal-Proxy Voting**

Further to your request, I enclose postal-proxy vote application forms. Please return both forms in the envelope provided. Once both applications have been received and processed, we will notify you and your proxy in writing.

If you have recently changed name and previously appointed a postal-proxy, that application will be cancelled.

You (the elector) should complete form 1 of 2, which will allow the person you wish to appoint to vote on your behalf. Please complete, carefully entering your date of birth and signature (personal identifiers) in the relevant boxes.

A proxy voter is someone who you officially appoint to vote on your behalf. This should be someone who you trust to vote the way you want. A person may not act as proxy for more than two electors (unless the relationship between the proxy and the elector is that of spouse, civil partner, parent, grandparent, brother, sister, child or grandchild) and **the person you appoint must be included on the Register of Electors at their address.**

The person you have appointed to vote on your behalf (the proxy), should complete part 2 of 2, carefully entering their date of birth and signature (personal identifiers) in the relevant boxes.

Each time they vote by post (on your behalf), their signature and date of birth provided on the postal voting statement will be checked against these personal identifiers, to ensure the postal vote remains secure. It will also help to deter and detect fraudulent use of postal-proxy votes. The vote will remain secret because they will seal it in a ballot paper envelope provided in the postal-proxy vote pack, which will not be opened until the postal-proxy voting statements have been checked and sealed.

**It is important that this form is signed in their normal signature and give the correct date of birth. If when they receive a postal-proxy ballot paper they sign differently or give the wrong date of birth the vote will not count.**

If you no longer wish to appoint a proxy to vote on your behalf by post, please destroy these forms.

If you have any queries or require further information, please contact us on the details above.

**PLEASE NOTE:** The last day for receipt of new applications for an election is 5pm, 11 days before polling day (not including Saturdays, Sundays or Bank Holidays). Postal votes are usually sent about ten days before polling day (please check with us prior to an election for confirmation if required) to the appointed proxy at the address given in the application form.

### **Privacy statement**

The Electoral Registration Officer will only use the information given for electoral purposes. Your personal data will be stored securely and will follow data protection legislation. We will not give personal information about you or any personal information you may provide on other people to anyone else or another organisation unless we have to by law.

The lawful basis to collect the information in this form is that it is necessary for the performance of a task carried out in the public interest and exercise of official authority as vested in the Electoral Registration Officer as set out in Representation of the People Act 1983 and associated regulations.

The Electoral Registration Officer is the Data Controller. For further information relating to the processing of personal data you should refer to our privacy notice on our website.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'J. Robinson', with a stylized flourish at the end.

JOHN ROBINSON  
ELECTORAL REGISTRATION OFFICER

# Postal-Proxy Vote Application

TO BE COMPLETED BY THE **ELECTOR** (PART 1 OF 2)

Please ensure that you have completed each section of this form correctly.

If you have any questions regarding this form, please contact the Electoral Services Office by telephone on 01636 655459 or by e-mail: [voting@newark-sherwooddc.gov.uk](mailto:voting@newark-sherwooddc.gov.uk)

## 1. About you

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Elector No:** \_\_\_\_\_

**Please provide your contact details below in case we need to contact you about this application:**

Daytime

Telephone Number: \_\_\_\_\_

Email

Address: \_\_\_\_\_

### REQUEST FOR A SIGNATURE WAIVER BECAUSE YOU ARE UNABLE TO PROVIDE A SIGNATURE (if applicable)

If you have a disability that prevents you from signing; are unable to read or write or are unable to sign in a consistent and distinctive way because of a disability or inability you can apply for a waiver. Please contact us or tick this box and we will send you a waiver application form (do not complete any other part of this form)

## 2. How long do you want a proxy vote for? (tick one box only)

I want to vote by post until further notice (permanent postal vote)

For the elections/referendums to be held on:  /  /

For the period from:  /  /  to:  /  /

## 3. Your proxy details (the person you have chosen to vote on your behalf)

Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Relationship to you (if any) \_\_\_\_\_

## 4. Your date of birth

Please enter your date of birth in the boxes below in a DD MM YYYY format (e.g. 02 05 1965), writing clearly **within the borders** of the boxes, using a **black/blue pen**.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**D D M M Y Y Y Y**

Date application completed: \_\_\_\_\_

## 5. Your signature

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

Please complete and return this form to: **The Electoral Registration Officer, Castle House, Great North Road, Newark, NG24 1BY.**

# Postal-Proxy Vote Application

TO BE COMPLETED BY THE PROXY (PART 2 OF 2)

Please ensure that you have completed each section of this form correctly.

If you have any questions regarding this form, please contact the Electoral Services Office by telephone on 01636 655459 or by e-mail: [voting@newark-sherwooddc.gov.uk](mailto:voting@newark-sherwooddc.gov.uk)

1a. Elector's details	1b. Proxy's details
Name: Address:	Name of Proxy:
	Address of Proxy:
	Postcode of Proxy:
	Proxy Daytime Telephone Number:
	Proxy Email Address:

## REQUEST FOR A SIGNATURE WAIVER BECAUSE YOU ARE UNABLE TO PROVIDE A SIGNATURE (if applicable)

If you have a disability that prevents you from signing; are unable to read or write or are unable to sign in a consistent and distinctive way because of a disability or inability you can apply for a waiver. Please contact us or tick this box and we will send you a waiver application form (do not complete any other part of this form)

## 2. How long do you want a postal vote (for all elections the elector is eligible) for? (tick one box only)

- I want to vote by post until further notice (permanent postal vote)
- For the elections/referendums to be held on:  /  /
- For the period from:  /  /  to:  /  /

## 3. Address for ballot paper (only if different to your address given in section 1b)

I wish for my postal ballot papers to be sent to the following address (please also give reason why):

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Reason: \_\_\_\_\_

## 4. Your date of birth

Please enter your date of birth in the boxes below in a DD MM YYYY format (e.g. 02 05 1965), writing clearly within the borders of the boxes, using a black/blue pen.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Date application completed: \_\_\_\_\_

## 5. Your signature

Please sign your normal signature within the box below, without crossing the grey shaded area, using a black/blue pen.

Please complete and return this form to: **The Electoral Registration Officer, Castle House, Great North Road, Newark, NG24 1BY.**