Register of Electors – Postal Voting

Further to your request, I enclose a postal vote application form. Please complete and return, carefully entering your date of birth and signature (personal identifiers) in the relevant boxes. Once your application has been received and processed, we will notify you in writing.

If you have recently changed name and previously received a postal vote, that application will be cancelled.

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

It is important that this form is signed in your normal signature and you give the correct date of birth. If you receive a postal ballot paper you sign differently or give the wrong date of birth your vote will not count. Remember that this is your vote – so keep it for yourself!

If you no longer wish to vote by post, please destroy this form.

If you cannot sign because of a disability or you are unable to read or write, you or someone on your behalf will need to contact us giving a valid reason why you cannot sign the form and ask for a signature waiver form.

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 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 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,

JOHN ROBINSON
ELECTORAL REGISTRATION OFFICER
Postal Vote Application

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

1. About you

<table>
<thead>
<tr>
<th>Name:</th>
<th>Elector No:</th>
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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 postal 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. Address for ballot paper (only if different to your registration address)

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

<table>
<thead>
<tr>
<th>Address:</th>
<th>Post Code:</th>
<th>Reason:</th>
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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.

| 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.

Date application completed: ______________________

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