



# APPLICATION TO VOTE BY POST

For Office Use only

PD:

EN:

## 1 ABOUT YOU

Surname ..... First Name(s) .....

Address: .....

Post Code ..... Contact Telephone Number: .....

## 2 HOW LONG DO YOU WANT TO VOTE BY POST?

Please indicate whether you wish to vote by post at: All future elections (Permanent).....

OR

for a limited period or a specific Election? (Temporary).....

If so, please state the date on which you wish your Postal Vote to expire or the specific election date:

## 3 DO YOU HAVE A DISABILITY WHICH PREVENTS YOU FROM PROVIDING A SIGNATURE?

Please indicate if any of the conditions below apply, as you may not be required to provide a signature if you:

a) Have a disability that prevents you from signing.....

b) Are unable to sign in a consistent and distinctive way because of a disability or inability.....

c) Are unable to read or write.....

## 4 ADDRESS FOR BALLOT PAPER

If you wish your Postal Vote to be sent to an address **OTHER** than the registered address shown at 1) above, please give the address here and a brief reason as to why you have requested this:

Address:.....

Reason:.....

Please ensure that you have completed each section of this form correctly and then return it to:

The Electoral Registration Officer  
Scottish Borders Council  
Scott House  
Sprouston Road  
Newtown St Boswells  
Melrose TD6 0QD

If you have any questions regarding this form, require a translation or large print, please contact the Electoral Registration Office on:

**Tel: 01835 825100**

**Email: [ero@scotborders.gov.uk](mailto:ero@scotborders.gov.uk)**

**Web: [www.saa.gov.uk/scottishborders](http://www.saa.gov.uk/scottishborders)**

## 5 YOUR SIGNATURE AND DATE OF BIRTH

**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 **black ink**.

				1	9		
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Today's Date: ...../...../.....

**Your Signature:** Please sign your normal signature within the box below, **without entering the shaded grey area**, using **black ink**.

# EXPLANATORY NOTES

This form is a legal document and your vote may depend on it.

## 1. NAME AND ADDRESS

Enter your name and the address at which you are registered in BLOCK CAPITALS. You cannot be given a postal vote unless you are on the register of electors.

## 2. HOW LONG DO YOU WANT TO VOTE BY POST?

Your postal vote can be for an indefinite period, a particular election or a particular period. Please indicate your choice.

## 3. DO YOU HAVE A DISABILITY WHICH PREVENTS YOU FROM PROVIDING A SIGNATURE?

If you have a disability which prevents you from providing a signature or prevents you from providing a consistent signature or you are unable to read or write please indicate in the relevant box. You will be sent a different form to complete. If you require assistance to complete the form please contact the helpline number below.

## 4. ADDRESS FOR BALLOT PAPER

Indicate the address to which you wish the ballot paper to be sent. This may be the address at which you are registered or an alternative address. If you wish the ballot paper to be sent to an alternative address, you must enter the address in the section provided and give a reason why issue to a different address is necessary.

## 5. YOUR SIGNATURE AND DATE OF BIRTH

Please add your date of birth and sign the form within the boxes provided, failure to do so will invalidate your application. Your date of birth should be entered in DD MM YYYY format, for example if your date of birth is 4 January 1960 it should be entered like this:

0	4	0	1	1	9	6	0
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Please complete your form in **black ink** only, your form will be scanned electronically and an image retained for comparison purposes to assist in deterring or detecting misuse of your entitlement to vote.

**If an election is called** new applications or amendments to existing postal vote arrangements must reach the Electoral Registration Officer **no later than 5.00 pm** on the **ELEVENTH** working day before an election. Ballot papers cannot be issued prior to the closing date for applications. If you require a postal vote because you are going on holiday please be aware of the restrictions on issue dates.

You will need to make a new application if the address at which you are registered changes. If you need further help, please contact your local Electoral Registration Officer at the address shown overleaf.

**Telephone Helpline No – 01835 825100**