

Application to vote by proxy

Only **one** person per form please. If more forms are needed, please photocopy, contact our helpline or visit our website at <http://www.powys.gov.uk> (See Democratic Services). Please use **BLOCK LETTERS**

1. ABOUT YOU

Surname:

First names (in full):

Your address:

(where you are registered to vote)

2. ABOUT YOUR PROXY

You must be sure that the person you appoint as your proxy is capable of being and willing to be appointed to vote for you

Surname

First names (in full)

His/Her address

Postcode

His/Her relationship to you if any

Your proxy cannot act for more than two electors including yourself. He/She is, however, allowed to vote for any number of the following relatives: spouse, civil partner, parent, grandparent, brother, sister, child or grandchild.

Either I confirm that I have consulted my proxy and that he/she is capable of being and willing to be appointed to vote for me. **Your signature**

or I am the person named here as proxy and confirm that I am capable of being and willing to be appointed to vote for the elector named in part 1. **His/Her signature**

3. HOW LONG DO YOU WANT A PROXY VOTE? (tick one box)

I want to vote by proxy :

for the election(s) held on

for the period from

to

now fill section 4 and 6

at all elections until further notice

now fill section 5 (over page) and 6

4. A PROXY VOTE FOR ALL ELECTIONS ON THE GIVEN DATE OR PERIOD

I cannot reasonably be expected to vote in person at my polling station at the election because

6. YOUR DECLARATION

Each person has to sign their own form. The form will be returned if it is not signed. It is an offence to make a false statement on this form - maximum fine £5,000

Date of birth:

Date

Month

Year

Your signature: _____

Date:

In case we have a query, it will help us to have your daytime telephone number _____

BRECON AND RANDORSHIRE CONSTITUENCY

by post to Powys County Council, County Hall, Llandrindod Wells, LD1 5LG

by fax to 01597 826220

Helpline 01597 826202

5. A PROXY VOTE UNTIL FURTHER NOTICE

If you are appointing a proxy to vote for you until further notice you must complete the relevant section:

Physical incapacity

[A] I am registered as a blind person by

Council

[B] I am in receipt of the higher rate of the mobility component of a disability living allowance because of a physical incapacity, which is

[C] I suffer from a physical incapacity, which is

If you have filled in Section C you must get someone else to support what you say. That person must be one of the following who must be treating you or giving you care: a doctor, a registered nurse, a Christian Science practitioner, the head of a residential care home or a warden of sheltered accommodation.

To the best of my knowledge and belief, the person named in Part 1 is suffering from the physical incapacity stated and cannot reasonably be expected to vote in person. This is likely to continue indefinitely / for a period of _____ If a doctor, nurse or Christian Science practitioner: the applicant is receiving treatment or care from me for the incapacity stated.

Declarant's full name

Declarant's address

Declarant's signature

Declarant's qualification

Date

Employment reasons

I am / my spouse [is employed by _____] or [is self employed as a _____] (delete as appropriate). I cannot be expected to go to my polling station at elections because

Now ask your employer to certify your application. If you are self-employed this can be done by anybody who knows you so long as he/she is not a relative and is aged 18 or over.

I certify that the statements made here are true and that I am the employer or acting for the employer.

I know the self-employed person but am not the spouse, civil partner, parent, grandparent, brother, sister, child or grandchild of that person. I am 18 years of age or over.

Declarant's full name

Declarant's address

Position in company / position if acting for the employer

Declarant's signature

Date

Attending a course

I am / my spouse is attending a course provided by an educational institution. The nature of the course is _____ I cannot be expected to go to my polling station at elections because

Now ask your course director or tutor, or the principal or head of the institution or the person to whom this function has been delegated to certify your application.

I certify that the statements made here are true. I know the person but am not the spouse, civil partner, parent, grandparent, brother, sister, child or grandchild of that person. I am 18 years of age or over.

Declarant's full name

Declarant's address

Position in the educational institution

Declarant's signature

Date