

London Borough of Merton  
**Proxy vote application form**

Only ONE form for each person. Please read the notes carefully before completing this form. If you need help filling in this form please phone 020 8545 3407. Please write in BLACK INK and BLOCK CAPITALS.

**1 Address where you are registered to vote**

**2 About you**

First name(s) (in full)

Surname

Title (Mr, Mrs, Ms, Miss, Other):

Daytime or mobile telephone or email (Optional)

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

(a) Until further notice

(b) For elections on the following date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year		

(c) For elections between the following dates

From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Day	Month	Year		
Until	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Day	Month	Year		

**4 For which elections? (tick one box)**

All elections I am entitled to vote at

Local government elections only

Parliamentary elections only

**5 About your proxy**

First name(s) (in full) Surname

Title (Mr, Mrs, Ms, Miss, Other)

Address

Relationship to you (if any)

**6 Your declaration**

As far as I know, the details on this form are true and accurate. The fine for giving false information is up to £5,000.

Date of birth (for example 02 05 1965)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Day Month Year

Important – keep signature within the border

**SIGN in the box below using BLACK ink**

If you fail to do this, the application will not be valid.

**Date of signing**

Please return form to: Electoral Services, Merton Civic Centre, London Road, Morden, SM4 5DX

**Now complete the other side, giving the reason for your application**

## 7 Reason for your application

You should complete whichever part of this section applies to you. You do not need anyone to support your application if you are applying just for one election (Part 7A). You do not need anyone to support your application if you are registered blind person, or if you receive the higher rate of the mobility component of the disability living allowance or the enhanced rate of the mobility component of the personal independence payment or the armed forces independence payment (Parts 7B(i) and (ii)).

For other reasons you will need to get someone to support your application.

### 7A One election only

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

\_\_\_\_\_

*(Please state the reason. You do not need anyone to support your application)*

### 7B Physical Incapacity

Either: (i) I am registered as a blind person by the \_\_\_\_\_ Council

Or: (ii) I receive one of the benefit payments listed above in Part 7 because of a disability, which is:

\_\_\_\_\_

*(Please state the benefit payment you receive and the nature of your disability)*

Or: (iii) I suffer from a disability, which is:

\_\_\_\_\_

*(Please state the nature of your incapacity)*

If the address at which you are registered as an elector is a residential care home or sheltered accommodation, please tick this box.

### Declaration in Support

If you filled in Sections 7B (i) or (ii) you do not need anyone to support your application

*I confirm that to the best of my knowledge and belief, the applicant is suffering from the disability stated and cannot reasonably be expected to go to the polling station in person or to vote there unaided. This is likely to continue \*indefinitely / \*for the period specified in part 3 overleaf.*

*If a registered medical practitioner, a registered nurse or Christian Science practitioner: the applicant is receiving treatment or care from me for the disability stated.*

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ \*Qualification/\* Position \_\_\_\_\_

- If the applicant lives in a residential care home the declaration can be signed by the person registered under Part 2 of the Care Standards Act 2000. If the applicant lives in a group of premises provided for persons of pensionable age or disabled persons the declaration can be signed by the resident warden.*

### 7C Occupation or Employment

\*I am/ \* my spouse is \* employed by/ \* attending an education course at \_\_\_\_\_

as a: (describe job) \_\_\_\_\_ Tick box if self employed.

I cannot reasonably be expected to go to my polling station at elections because

### Declaration in support

*I certify that, as far as I know, the above statement is true and accurate.*

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_

*This declaration must be signed by a person authorised to sign on behalf of the employer or educational institution concerned. If the applicant is self-employed, the declaration must be signed by someone who knows the applicant, is 18 years or over, and is not related to the applicant.*