

# Local Council Elections to be held on 18 May 2023

## Application to vote by post or proxy

If you are unable to go to your polling station to vote at the election on Thursday 18 May 2023, you can use this form to apply to vote by post or proxy. Please read these notes carefully before completing the form. If you have any questions please contact us. (See below).

**The deadline for the receipt of completed applications is 5.00pm on 26 April 2023.**

### Completing the application form

- 1** Complete your personal details. The information you provide will be compared with the information previously given on your registration application to check that they correspond. For further information see the privacy notice on our website or contact us to obtain a paper copy.
- 2** Provide the reason for the application. Indicate where you expect to be on polling day and why you cannot reasonably be expected to vote in person at your polling station, for example "I will be away on holiday in (enter the precise location). I leave on (give date of departure) and return on (give date of return)." If the application is because of physical illness provide full details of that illness. **Please ensure you provide sufficient detail to support your application or your application may be refused.**
- 5** If you registered online you must also give your **Digital Registration number (DRN)**. Your application will not be accepted without it. This number will have been sent to you by the Electoral Office on correspondence when your online registration application was processed. If you require a further notification of your DRN please contact our Helpline or visit our website (see below).
- 6** Sign the form to verify that the information provided is correct. If you cannot sign the form because of a disability or because you are unable to read, and you either registered online or were unable to sign your registration form for the same reason, you must ask a witness to complete the Witness Declaration.
- 7** Have the form attested to verify that the reason you have given for requiring a postal or proxy vote is correct. **If your application is not attested it will be refused.**

#### Choose to vote by post or proxy.

- 3** **Voting by post.** Tick the box if you want your ballot papers sent to you at your registered address given at Section 1. If you want your ballot papers to be sent to a different address than your registered address, you must provide a reason for this. Postal votes will be issued approximately two weeks before the election. If you will not be at home from then until Thursday 18 May, you should appoint a proxy.

Note: If you apply to vote by post and your application is approved you will **not** be able to vote at a polling station unless you cancel your postal vote – the deadline for cancelling a postal vote is 5.00pm on 26 April.

- 4** **Voting by proxy.** If you want someone else to vote on your behalf you must appoint him/her and give his/her details. Your proxy must be aged 18 or over and a British, Irish, European or Commonwealth citizen.

A person can only be the proxy for a spouse/civil partner, parent, grandparent, brother, sister, child or grandchild and up to two other people at the same election. Your proxy must go to your polling station to vote, or they can vote by post. If your proxy requires a postal vote, please tick the Postal Proxy box.

**If the reason is illness, Declaration A must be completed** by either a registered medical practitioner (i.e. a doctor), a registered nurse or a Christian Science practitioner. That person must be listed on the electoral register and have treated the applicant in connection with the illness or provided care to them.

**For any other reason, Declaration B must be completed** by someone who:

- (a) is aged 18 or over;
- (b) resides in the United Kingdom;
- (c) knows you but is not related to you (i.e. not your spouse, civil partner, parent, grandparent, brother, sister, child or grandchild);
- (d) has not attested more than one other application for this election.

Return the completed form to the address below **by 5.00pm on 26 April 2023.**

Absent Voting Unit, Electoral Office for NI,  
15 Church Street, Belfast BT1 1ER

You can contact us in one of the following ways:

Phone: 028 9044 6680  
Email: [av.info@eoni.org.uk](mailto:av.info@eoni.org.uk)  
Website: [www.eoni.org.uk](http://www.eoni.org.uk)



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## Application to vote by post or proxy

Please read the notes carefully before filling in this form. Please write in black ink and use BLOCK LETTERS.

**Making a false statement on this form is a criminal offence.**

### 1 About you

Surname

First Name

Middle Name(s)

Address where you are currently registered in Northern Ireland

Post Code

Date of Birth

National Insurance No.

Telephone Number

(in case of query)\*

Email address

(in case of query)\*

### 2 Reason for this application

I cannot reasonably be expected to vote in person at my polling station on Thursday **18 May 2023** because:

**If on holiday/business please provide exact dates and locations or your application may be refused.**

### 3 Application to vote by post

Tick this box if you wish to vote by post and you want the ballot paper sent to the address at section 1.

If you wish to receive the ballot paper at a different address complete the following section. You must provide a reason for this. The address must be in the UK.

Address

Post Code

Reason why ballot paper is to be sent to a different address:

### 4 Application to vote by proxy

I wish to appoint the following person to act as my proxy. I confirm that I have consulted this person and he/she is willing and able to be appointed to vote on my behalf.

First Name(s)

Surname

Address

Post Code

Proxy's relationship to you (if any):

#### Postal Proxy

Tick this box if your proxy is unable to attend your polling station and requires a postal vote.

### 5

#### Digital registration number (Only required if you registered online)

If you registered online, you will have been sent correspondence by the Electoral Office which contains a **Digital Registration Number (DRN)**.

Please give this number, your application will not be accepted without it. If you cannot find this number, please contact us (see notes).

**Digital Registration number:**

### 6

#### Signature

You must sign this form in the box below unless you are unable to because of a disability or because you are unable to read. **No one else can sign it for you.**

Signature

Date

#### Witness Declaration

**If you cannot sign the form because of a disability or you are unable to read you must ask a witness to fill in the section below for you.** The person whose details are given on this form has told me that the information is correct. That person is unable to sign the form because of a disability/because they are unable to read.

Signature of Witness

Address of Witness

**THIS FORM CONTINUES ON THE NEXT PAGE WHICH MUST BE COMPLETED**

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**7** **Attestation – This section must be completed by another person who can attest that the information you have given is correct. Please see note 7 for guidance about which declaration to complete and who can complete it. If your application is not attested it will be refused.**

### Declaration A

This must be completed where the applicant has stated in Section 2 that they are unable to vote in person at their polling station due to **illness**.

I, (full name of Attestor)

certify that:

I am registered as an elector.

I am treating or giving care to (give applicant's name)

in connection with the illness specified in Section 2.

To the best of my knowledge and belief the applicant is suffering from the illness specified in Section 2, is likely to be suffering from it on **18 May 2023** and, because of it, cannot reasonably be expected to vote in person at his/her polling station.

My address

Post Code

Qualification (e.g. doctor/nurse)

Telephone No. (in case of query)

Signature

Date

### Declaration B

This must be completed where the applicant has stated in Section 2 that they are unable to vote in person at their polling station for **any reason other than illness**.

I, (full name of Attestor)

certify that:

I am aged 18 or over.

I reside in the United Kingdom.

I know (**you must give the applicant's name below**)

but am not his/her spouse, civil partner, parent, grandparent, brother, sister, child or grandchild.

I have not attested more than one other application for this election. To the best of my knowledge and belief the information in Section 2 is true.

My address

Post Code

Telephone No. (in case of query)

Signature

Date

**NB. \* Due to high volumes of applications received during election time, it may not be possible to contact you regarding a query with your application. Please contact us with any issues you may have before submitting your application.**