

# Application to vote by post

## Only one person can apply to vote by post using this form

Please write in black ink and use BLOCK LETTERS. When you have completed every section and signed the form yourself send it to Electoral Services, Town Hall, Wellington Street, London, SE18 6PW or a scan to [elect@royalgreenwich.gov.uk](mailto:elect@royalgreenwich.gov.uk)

### 1 About you

Surname

First name(s) (in full)

Your address (where you are registered to vote)

  

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Postcode

Telephone no (optional)

Email (optional)

  

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Providing an email and telephone number gives a quick and easy way to contact you about your application.

### 2 How long do you want a postal vote for?

I want to vote by post (tick one box only):

until further notice (permanent postal vote)

for the elections/referendums to be held on

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

for the period

from

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

to

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

Check [www.royalgreenwich.gov.uk](http://www.royalgreenwich.gov.uk) for the deadlines for the receipt of this form.

Send a scan to [elect@royalgreenwich.gov.uk](mailto:elect@royalgreenwich.gov.uk) or by post to **Electoral Services, Town Hall, Wellington Street, London, SE18 6PW.**

### 3 Address for ballot paper (If different to your registration address)

Please send my ballot paper to (address):

  

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Postcode

The reason I'd like my ballot paper sent to this address, rather than my registered address is:

  

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### 4 Your date of birth and declaration

**Declaration:** As far as I know, the details on this form are true and accurate.

I understand that to provide false information on this form is an offence, punishable on conviction by imprisonment of up to two years and/or a fine.

**Date of birth:** Please write your date of birth in the boxes below using black ink.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

**Signature:** Sign below using black ink, keeping within the grey border.

If you are unable to sign this form, please contact your electoral registration office.

### 5 Date of application

Today's date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y