

ELECTORAL COMMISSION

REQUEST TO BE VISITED BY REGISTRATION OFFICER

(Regulation 2(1)(b))



ID Number

Surname _____

Names _____

Physical Address
 (where application for registration as voter is to be collected.)

Postal Code

Postal Address (if different from the above)

Postal Code

Preferred Date and Time for Visit
 1 9
day month year Hour Minutes

Telephone Number
Dialling Code Number

Reason for Request Disable Infirm Pregnant Aged Other

If 'other' was marked in the previous question, provide details _____

Signature or Mark

OFFICIAL USE ONLY

Granted Voting District

Refused Registration Officer allocated to