APPENDIX 6

REC 6

ELECTORAL COMMISSION

APPLICATION FOR DEREGISTRATION AS A VOTER

(Regulation 4)

I hereby apply to be deregistered as a voter and have my name removed from the voters' roll:

ID Number

Surname

Names

Postal Address

Postal Code

Date

day month 1 9 year

I confirm that the information contained herein is correct.

Signature, Mark or Left Thumb Print
(made in the presence of the registration officer)

OFFICIAL USE ONLY

For use with fingerprint only

Which finger's print was taken?

Signature of Official

Voting District

Date processed

day month 1 9 year

Signature of Registration Officer when processed