PROXY – REG. BLIND / HIGH RATE OF DISABILITY ALLOWANCE

Birmingham City Council

FOR OFFICE USE
Elector No Barcode Elector No H/Code

If you need help filling in this form please phone 0121 303 2731. Please write in **BLACK INK** and use **BLOCK CAPITALS.**

1. Address where you are registered to vote

2. About you

First name(s) in full

Surname

Daytime or mobile tel no. or e-mail (optional)

3. How long do you want a proxy vote?

Complete one of the sections below

At all elections until further notice ☐

For the period **from:**

☐☐ Day ☐☐ Month ☐☐☐☐ Year

to:

☐☐ Day ☐☐ Month ☐☐☐☐ Year

DECLARATION

Each person must sign their own form. The form will be returned if it is not signed. It is an offence to make a false statement on this form. Maximum fine £5000.

I apply for a proxy vote on the grounds set out on this form. My proxy is willing and able to vote on my behalf. As far as I know the information on this form is true and accurate.

Date of birth (e.g. 02 05 1965)

☐☐ ☐☐ ☐☐☐☐

Day Month Year

Please SIGN in the box below using BLACK ink

Important – keep signature within the border

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

Date of signing

Please continue overleaf before signing the Declaration

Only one form per person please.

Return to: The Elections Office, 150 Great Charles Street, Birmingham, B3 3HS, or fax: 0121 212 1065 or email: elections@birmingham.gov.uk

Further forms can be requested from by tel: 0121 303 2731 or via www.birmingham.gov.uk/elections

4. Who do you want to appoint as your proxy?

Your proxy must be over 18, entitled to vote at the election and not voting as proxy for more than 2 people (other than close family). You must consult the person you are appointing to make sure they are willing and able to vote for you.

Proxy's Full Name _____

Proxy's relationship to you (if any) _____

Proxy's Address

_____

_____ Postcode _____

5. Reason for proxy

Tick the boxes that apply

☐ I am registered blind. Name the Council you are registered with in the space below.

☐ I receive the higher rate of the mobility component of a disability living allowance.
My disability is _____

Once you have completed all sections above, you must complete and sign the Declaration overleaf