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**YOUR VOTE MATTERS**

**DON'T LOSE IT**



Do It On-line: **[www.tmbc.gov.uk/voting](http://www.tmbc.gov.uk/voting)**

Email [voting@tmbc.gov.uk](mailto:voting@tmbc.gov.uk)

Our reference:

Date:

## Application to vote by proxy.

Dear

Please find enclosed a form for you to apply to vote by proxy. Please complete the form following the guidance notes printed on the back of this letter and then return it to us:

### By email

Complete the enclosed form. Remember to sign it and provide your date of birth. Scan both pages of the form and send it by email to [voting@tmbc.gov.uk](mailto:voting@tmbc.gov.uk).

### By post

Complete the enclosed form. Remember to sign it and provide your date of birth. Post it back to us to:

Electoral Services,  
Tonbridge & Malling Borough Council  
Gibson Building, Gibson Drive  
Kings Hill, West Malling  
Kent ME19 4LZ

Please note that the deadline for the receipt of new or updated proxy vote applications is 5pm, six working days prior to the date of an election, and it is recommended that you submit your application as soon as possible.

If you need any further help or guidance, then please telephone us on 01732 876022.

Yours sincerely,

A handwritten signature in cursive script that reads 'Julie Beilby'.

**Julie Beilby**

Electoral Registration Officer

**Returning Officer and Electoral Registration Officer:** Julie Beilby BSc(Hons) MBA

Tonbridge & Malling Borough Council, Gibson Building, Gibson Drive, Kings Hill, West Malling, Kent ME19 4LZ

**Electoral Services:** 01732 876022 **Email:** [voting@tmbc.gov.uk](mailto:voting@tmbc.gov.uk)

# Guidance notes – completing a Proxy Vote Application Form

## Section 1

Enter your address, if it has not already been pre-printed (if pre-printed, please correct any errors).

## Section 2

Enter your full name, title and telephone number if they have not already been pre-printed (if pre-printed, please correct any errors)

## Section 3

You need to decide if you wish to have a proxy vote:-

- for all elections until you tell us otherwise;
- for all elections that you already know will be held on a particular date;
- for all elections held between two dates (you may be on holiday or otherwise unable to vote in person at a polling station between these dates.

## Section 4

Enter the name and address of your proxy and state their relationship to you (if any).

## Section 5

You must enter your date of birth in the format DD/MM/YYYY and then sign the form. Please note that your date of birth and signature must be kept within the borders provided. Failure to do so will mean this application will not be valid.

## Section 6

You must give a reason for your application. Depending on the reason you may need to get someone qualified to support that what you say on your application is correct. If you are applying just for one election (Section 6A) for whatever reason, or in receipt of

- a higher rate of mobility component of a disability living allowance
- the enhanced rate of the mobility component of the personal independence payment
- an armed forces independence payment

(Section 6B(i) and (ii)), then you do not need to get anyone to support your application.

If you are otherwise applying because of a physical incapacity you need to get a doctor, registered nurse or Christian Science practitioner to support your application.

If you are applying due to the nature of your occupation or employment, or if you are attending an educational establishment, your application must be supported by someone authorised to sign on behalf of an employer or the educational institution concerned. If you are self-employed, someone who knows you, is not related to you, and who is over 18 years of age can support the application.

## Privacy statement

The Electoral Registration Officer will only use the information you give them for electoral purposes. They will look after personal information securely and will follow data protection legislation. They will not give personal information about you or any personal information you may provide on other people to anyone else or another organisation unless they have to by law.

The lawful basis to collect the information in this form is that it is necessary for the performance of a task carried out in the public interest and exercise of official authority as vested in the Electoral Registration Officer as set out in Representation of the People Act 1983 and associated regulations.

**The Electoral Registration Officer is the Data Controller: Julie Beilby, Tonbridge & Malling Borough Council, Gibson Building, Gibson Drive, Kings Hill, West Malling, Kent ME19 4LZ**  
**Electoral Services: 01732 876022 Email: [voting@tmbc.gov.uk](mailto:voting@tmbc.gov.uk)**

For further information relating to the processing of personal data you should refer to our privacy notice on our website at [www.tmbc.gov.uk/privacy-notice](http://www.tmbc.gov.uk/privacy-notice) If you need any further help or guidance, then please contact the staff in Electoral Services by either calling in person at the address above or telephoning on the number given during normal office hours.

Tonbridge & Malling Borough Council  
**Application To Vote By Proxy**



**Complete only one form for each person.** Please read the notes carefully before completing this form. If you need help filling in this form please phone 01732 876022. Please write in **BLACK INK and BLOCK CAPITALS.**

**1 Address where you are registered to vote**

**2 About you**

First name(s) (in full) \_\_\_\_\_

Surname \_\_\_\_\_

Title (Mr, Mrs, Ms, Miss, Dr, Other): \_\_\_\_\_

Daytime or mobile telephone or email (Optional) \_\_\_\_\_

**3 How long do you want to vote by proxy?**

(a) Until further notice

(b) For elections on the following date

Day		Month		Year			

(c) For elections between the following dates

From							
	Day		Month		Year		
Until							
	Day		Month		Year		

**4 Name and address of appointed proxy**

First name(s) (in full) \_\_\_\_\_ Surname \_\_\_\_\_

Title (Mr, Mrs, Ms, Miss, Dr, Other) \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you (if any) \_\_\_\_\_

**5 Your declaration**

As far as I know, the details on this form are true and accurate. You can be fined for making a false statement on this form.

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

D	D	M	M	Y	Y	Y	Y
Day		Month		Year			

**Important – keep signature within the border**

If you fail to do this, the application will not be valid. If you are unable to sign this form, please contact us.

*Please SIGN in the box below using BLACK ink*

**Date of signing**

PLEASE RETURN FORM TO  
 Electoral Services, TMBC, Gibson Building, Gibson Drive, Kings Hill, West Malling, ME19 4LZ. Or scan the completed form and email to: [voting@tmbc.gov.uk](mailto:voting@tmbc.gov.uk)

**NOW COMPLETE SECTION 6 OVERLEAF, GIVING THE REASON FOR YOUR APPLICATION**

## 6 Reason for your application

You should complete whichever part of this section applies to you. If you are applying just for one election (Part 6A) you do not need anyone to support your application. Also you do not need anyone to support your application if you are registered blind or you receive the higher rate of the mobility component of the disability living allowance (Parts 6B(i) and (ii)). For other reasons you will need to get someone to support your application.

### 6A One election only

I am unable to attend my polling station at the election indicated in Part 3 because:

\_\_\_\_\_

(Please state the reason e.g. "I am away on holiday" etc. You do not need anyone to support your application)

### 6B Physical Incapacity

Either: (i) I am registered as a blind person by the \_\_\_\_\_ Council

Or: (ii) Please state which of the benefit payments listed in the latter you receive, and your disability

\_\_\_\_\_

(Please state the nature of your incapacity)

Or: (iii) I suffer from a physical incapacity, which is:

\_\_\_\_\_

(Please state the nature of your incapacity)

If the address at which you are registered as an elector is a residential care home or sheltered accommodation, then please tick this box.

### Declaration in Support

If you filled in Sections 6B (i) or (ii) you do not need anyone to support your application

*I confirm that to the best of my knowledge and belief, the applicant is suffering from the incapacity stated and cannot reasonably be expected to attend the polling station in person or to vote there unaided. This is likely to continue \*indefinitely / \*for the period specified in part 3 overleaf.*

*If a doctor, a registered nurse or Christian Science practitioner: the applicant is receiving treatment or care from me for the incapacity stated.*

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ \*Qualification/\* Position \_\_\_\_\_

- *If the applicant does not live in a residential care home or sheltered accommodation, the declaration must be made by a doctor, nurse or Christian Science practitioner.*
- *If the applicant lives in a residential care home or sheltered accommodation, the declaration can be signed by (a) a resident warden of sheltered accommodation, or a head of home, or a person registered under Part 1 of the Registered Homes Act 1984 as carrying on a residential care home, or (b) a person in charge of local authority residential accommodation.*

### 6C Occupation or Employment

\*I am/\* my spouse is \* employed by/\* attending an education course at \_\_\_\_\_

as a: (describe job) \_\_\_\_\_ tick box if self employed

I cannot reasonably be expected to go to my polling station at elections because

\_\_\_\_\_

(Please give reason)

### Declaration in Support

*I certify that to the best of my knowledge and belief the above statement is true*

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_ \*

*\*This declaration must be signed by a person authorised to sign on behalf of the employer or educational institution concerned. If the applicant is self-employed, the declaration must be signed by someone who knows the applicant, is 18 years or over, and is not related to the applicant.*

