

**Ballot Paper
Envelope**

Please DO NOT detach this form – read the instructions overleaf

Elections ACT

Postal Vote Form

ACT Legislative Assembly Election

Please read the instructions on the back of this form



To the ACT Electoral Commissioner

Elector Details

If you have changed your name since you last enrolled, please print your previous name here:

If you no longer live at your enrolled address, please print your current address:

Date you moved
Day Month Year

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Day Month Year

Date of Birth

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Phone ()

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I declare that I am entitled to a postal vote for the ACT Legislative Assembly election and that all the statements on this form are true.

Signature or Mark of Elector

Today's Date
Day Month Year

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Witness to Complete

- I saw the elector sign this form **OR**
- I saw another person sign this form on behalf of the elector, who is physically incapacitated and is unable to sign his or her name.

I am entitled to be a witness (*see the back of this form*).

I am satisfied that all the statements made on this form are true.

Signature of witness

Name of witness

Address of witness



Information for the Elector

Am I entitled to a postal vote?

If you are on the ACT electoral roll you are entitled to cast a postal vote if:

- you expect to be unable to attend a polling place on polling day, or
- your address has been suppressed from the electoral roll.

Your personal details

Check your pre-printed **name and enrolled address** details. Please correct any errors.

If you have changed your name since you last enrolled, please print your previous name. This will help us to find your name on the electoral roll so that your vote can be counted.

If you no longer live at your enrolled address, please print your current address in the box provided.

Please print your **date of birth** and a **contact phone number**. Your date of birth is used to verify your identity. Your phone number will be used if we need to check anything on your form.

Make sure you **sign the form** and **date it**. You must **also make sure the witness signs the form**. If you do not, your vote will not be counted. If you cannot sign your name, you can make your mark. If you are physically handicapped, another person can sign your form for you.

If you are unable to vote without help, you can ask someone to assist you.

Information about the Witness

Who can be a witness?

If you are in Australia, this form must be witnessed by an elector whose name appears on a Commonwealth of Australia electoral roll. If you are overseas, any person 18 years old or older may be a witness. A candidate for election may not be a witness.

What are the duties of a witness?

A witness must -

- be satisfied as to the identity of the elector ;
- see the elector sign the form or see someone sign on the elector's behalf;
- be satisfied that the statements made in the form are true; and
- sign the form and add his or her name and address.

Privacy Statement

The information sought on this form is required under the ACT *Electoral Act 1992*.

Your name and address details and the fact that you have completed this form will be made publicly available after polling day under the Electoral Act (*except if your address is suppressed from the electoral roll, your address will not be made public*).

Need more information?

Contact the ACT Electoral Commission
Phone (02) 6205 0033

Here's how to cast your postal vote for the ACT Legislative Assembly election

1. Read the information on the back of the form.
2. Complete the elector details on the form.
3. Ask your witness to complete the witness section of the form.
4. Read the instructions on your ballot paper.
5. Mark your ballot paper in the presence of the witness, but do not let the witness see how you vote. Voting is secret.
6. Place your ballot paper in this envelope and seal it. (*Do not detach the form from the envelope.*)
7. Put the ballot paper envelope into the envelope addressed to the ACT Electoral Commissioner.
8. Mail or deliver the envelope to the ACT Electoral Commissioner.

Place Your Ballot Paper ONLY Here