Elections ACT Postal Vote Form ACT Aboriginal and Torres Strait Islander Elected Body election				
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:				
	Dat	e you mo		ay Month Year
Date of birth:	Day Month Year	Contact phone:	()	
I declare that I am entitled to a postal vote for the ACT Aboriginal and Torres Strait Islander Elected Body election and that all the statements on this form are true.				
Signature or ma	irk of elector			Today's Date: Day Month Year
	Witness to	o con	nplet	te
I saw anoth physically in I am entitled to I I am satisfied the Signature of witness: Name of witness: Address of witness:	lector sign this form. (ner person sign this for neapacitated and is urbe a witness (see the lat all the statements in	rm on beha hable to sig back of thin nade on th	n his or h s form). is form ar	e true.



Information for the elector

Am I entitled to a postal vote?

If you are on the ACT electoral roll and are Aboriginal or Torres Strait Islander, 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 a 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 some one 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 some one 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 close day under the Electoral Act (except if your address is suppressed from the electoral roll, your address will not be made

Need more information?
Contact the ACT Electoral Commission phone (02) 6205 0033