

Electoral Commission

APPLICATION FOR SPECIAL VOTE IN TERMS OF SECTION 55 OF THE LOCAL
GOVERNMENT: MUNICIPAL ELECTORAL ACT, 2000 (ACT NO. 27 OF 2000)



Election Date:

Municipality Name:

Voting District Number:

Particulars of applicant

Identity number:

Surname:

Names:

Residential address:

Mobile number:

Landline number:

E- Mail address

☐ I declare that I am unable to cast my vote at my voting station on voting day in the voting district where I am registered as a voter and hereby apply to cast a special vote at my voting station prior to voting day on the day stated in the election timetable.

OR

☐ I declare that I cannot travel to my voting station due to my physical infirmity or disability and hereby apply to be afforded the opportunity to cast a special vote at the place where I reside within my voting district.

Signature of Applicant

Date

OFFICIAL USE ONLY

Application for special vote at voting station:

Applicant is registered in VD	YES	NO
VD No.		
Application approved	YES	NO

Application for home visit:

Applicant is registered in VD	YES	NO
VD No.		
Resides in VD	YES	NO
Application Approved	YES	NO

Signature of Official

Date