

Form 7

ELECTIONS ACT

APPLICATION/CLAIM FOR REGISTRATION AS AN ELECTOR

To the Registration Officer for the electoral district of _____

I, _____

(Full name in Block Letters)

of _____

(Address)

whose occupation is _____ do hereby apply/claim to

to be registered as an elector for the electoral district of _____

Certify that the particulars entered on this **APPLICATION FORM** are to the best of my knowledge and belief true and correct in all respects; and declare that I am not subject to any legal incapacity.

Signature or mark of Applicant

Dated _____

(The particulars on the reverse of this form must be filled out by or on behalf of the applicant)