

# Application to vote by post - Aldermanic & Common Council elections

Please complete this form in BLACK INK and BLOCK CAPITALS and return it to  
electoralservices@cityoflondon.gov.uk or Electoral Services, Guildhall, PO Box 270, London, EC2P 2EJ  
If you need help filling in this form please call 0800 587 5537 or email electoralservices@cityoflondon.gov.uk

## 1 About You

Your name:

Your registered address in the City of London:

Telephone No.

Email

## 2 How long do you want a postal vote?

For the maximum period (up to three years)

☐

For elections on:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

For elections until:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

## 3 Where should we send your postal vote?

The address where I am registered  
to vote (listed above), or  
the following address:

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Reason for sending your postal vote to a different  
address:

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## 4 Your date of birth

Date of birth (for example 02 05 1965)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

## 5 Your signature and declaration

As far as I know, the details on this form are true  
and accurate. I understand that to provide false  
information on this form is an offence, punishable on  
conviction by imprisonment of up to 2 years and/or a  
fine.

Sign in the box below using BLACK ink.

**Important - Please keep signature within the border.**

Date of Signing:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

## 6 Can't provide a signature?

I cannot provide a signature because:

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Name and address of the person who helped you  
complete this form:

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