

Consecutive No. of voting-paper : [Form No. 7.]
Consecutive No. of declaration : [Reg. 6.]

DECLARATION BY PERSON APPLYING TO VOTE WHOSE NAME IS RULED OUT ON CERTIFIED COPY OF THE ROLL.

- I, [Full name of elector], do hereby declare as follows :-
(1) That I am the person whose name appears on the certified copy of the Electoral Roll as, and whose name so appearing is ruled out thereon.
(2) That I am legally qualified to be registered as an elector for the aforesaid district.
(3) That I am not registered on any other electoral roll, and that I am not aware of any circumstances by reason of which my name ought to be so ruled out.
(4) That I have not already voted at this election.

Signature of Elector :
Full residential address :
Occupation :
Declared before me day of , 19 .

, Deputy Returning Officer.
Polling-place.

Consecutive No. of voting-paper : [Form No. 8.]
Consecutive No. of declaration : [Reg. 6.]

DECLARATION BY PERSON APPLYING TO VOTE WHO, HAVING APPLIED FOR REGISTRATION, HAS NOT BEEN REGISTERED.

- I, [Full name of elector], do hereby declare as follows :-
(1) That I duly made application within the time prescribed by law for registration as an elector of the Electoral District, and was informed by the Registrar of Electors that I had been so registered.
(2) That I am legally qualified to be registered as an elector for the aforesaid district.
(3) That I am not registered on any other electoral roll, and that I am not aware of any circumstances by reason of which I ought not to be registered as an elector of the aforesaid district.
(4) That I have not already voted at this election.

Signature of Elector :
Full residential address :
Occupation :

Declared before me this day of , 19 .
....., Deputy Returning Officer.
....., Polling-place.

Consecutive No. : [Form No. 9.]
[Reg. 7 (4).]

APPLICATION FOR A POSTAL VOTE-CERTIFICATE AND POSTAL BALLOT-PAPER.

To the Returning Officer for the Electoral District of I, [Full name], of [Address as shown on roll], [Occupation or description as shown on roll], hereby apply for a postal vote-certificate and a postal ballot-paper.

- I declare that—
(1) I am a registered elector of the Electoral District of
(2) The ground on which I apply to vote by post is—
(a) That I will, on polling-day, be absent from New Zealand.
(b) That I will not, throughout the hours of polling on polling-day, be within five miles by the nearest practicable route of any polling-place.
(c) That I will, throughout the hours of polling on polling-day, be travelling under conditions which will preclude me from attending at any polling-place to vote.
(d) That I am ill (or infirm), and, by reason of such illness [or infirmity], will be precluded from attending at any polling-place to vote.
(e) That I will, by approaching [or recent] maternity, be precluded from attending at any polling-place to vote.

(f) That I am a lighthouse-keeper [or member of a lighthouse-keeper's staff] [or am the wife of a lighthouse-keeper], [or the wife of a member of a lighthouse-keeper's staff], and will be precluded from attending at any polling-place to vote.

NOTE.—The elector is to strike out any of the above grounds which do not apply to his or her particular case.

I request that a postal vote-certificate and a postal ballot-paper be forwarded to me at the following address :
Dated this day of , 19 .

Signature of Elector :
Signed and declared by the elector in my presence : [Signature of authorized witness.]

Designation of witness :
Address of witness :

[Form No. 10.]
[Reg. 7 (9).]

Consecutive No. POSTAL BALLOT-PAPER.
Electoral District of

The elector is to write the name of the candidate for whom he wishes to vote on the dotted line hereunder.

For instructions see back of postal vote-certificate issued with this ballot-paper.

mark here.

POSTAL.

Consecutive No.

[To be entered here and also on the top left hand corner of the front of ballot-paper.]

Number on roll [To be entered here only.]

[Stamp across the perforation so that part of the stamp shall appear on both the counterfoil and the ballot-paper.]

[Official across

[Form No. 11.]
[Reg. 7 (10).]

POSTAL VOTE-CERTIFICATE.

I HEREBY certify that [Full name], of [Address], [Occupation or description], is entitled to vote by post at the election to be held on the day of , 19 , for the electoral district of

Dated this day of , 19 .
....., Returning Officer.

Signed by the elector in my presence—[Electoral to sign here.]
Designation of witness : [Witness to sign here.]

Address of witness :
Dated this day of , 19 .

F. D. THOMSON,
Clerk of the Executive Council.