

APPLICATION FOR POSTAL VOTING AT NSW STATE BY-ELECTIONS

WHAT DO YOU HAVE TO DO TO VOTE BY POST

- Complete the attached application form.
- Sign the application in front of an authorised witness.
- Obtain the signature of the authorised witness (See Obligations of Authorised Witness.)
- Post or fax the application to the Returning Officer for the Electoral District in which you are enrolled.

WHEN DOES THE APPLICATION HAVE TO BE SUBMITTED?

- If the application is sent from within Australia it must reach the Returning Officer before 6.00pm on the Wednesday prior to Election Day.
- If the application is sent from outside Australia it must reach the Returning Officer before 6.00pm on the Monday prior to Election Day.

WHO IS AN AUTHORISED WITNESS?

- (1) An elector whose name appears on the roll for the State of New South Wales, on the Commonwealth roll for any other State, on the roll for the Australian Capital Territory or on the roll for the Northern Territory of Australia, is an authorised witness for the purposes of Postal voting.
- (2) Outside of Australia the following people are also authorised witnesses for the purposes of the Act:
 - (a) an officer of the naval, military or air forces of the Commonwealth or of some other part of the Queen's dominions;
 - (b) a person employed in the Public Service of the Commonwealth or of a Territory of the Commonwealth or of a part of the Queen's dominions;
 - (c) a Justice of the Peace or a minister of religion or medical practitioner resident in a territory of the Commonwealth or a part of the Queen's dominions.
 - (d) An Australian citizen.
- (3) No person who is a candidate at the election shall be an authorised witness at that election.

OBLIGATIONS OF AUTHORISED WITNESS

- (1) An authorised witness shall not witness the signature of any elector to an application for a Postal vote, unless they –
 - (a) are satisfied of the identity of the applicant;
 - (b) have seen the applicant sign the application;knows the statements made in the application are true or is satisfied by enquiry from the applicant or otherwise that the statements contained in the application are true.

Postal Address: Returning Officer for your State Electoral District

NSW STATE BY-ELECTION POSTAL VOTE APPLICATION

To the Returning Officer for the Electoral District of:

APPLICANT DETAILS

I apply for a Postal Vote Certificate and a Postal Ballot Paper to enable me to vote by post at the forthcoming election.

SURNAME (BLOCK LETTERS)

GIVEN NAMES

ENROLLED ADDRESS

POST CODE

DATE OF BIRTH

DAYTIME CONTACT NUMBER

MOBILE NUMBER

The address to which the ballot papers are to be sent is:

ADDRESS WHERE BALLOT PAPERS ARE TO BE SENT

POSTCODE

DECLARATION

I DECLARE

(1) That I am an elector enrolled for the Electoral District of

(2) That my answers to the following questions are true in every particular:

(A) Is your real place of living* within the Electorate in which you claim to vote?

If YES, do not answer question (B)

YES / NO

(B) Was your real place of living*, within the three months immediately preceding the date fixed for the polling at the election, within the Electorate in respect of which you claim to vote?

YES / NO

* NOTE: The words "real place of living" in Question (A) and (B) include the place of living to which a person, temporarily living elsewhere, has a fixed intention of returning for the purposes of continuing to live.

(3) That the ground/s on which I apply to vote by post is (tick box/es as applicable)

- That I will not, throughout the hours of polling on election day, be within New South Wales; or
- That I will not, throughout the hours of polling on election day, be within eight kilometres by the nearest practical route of any polling place open in New South Wales for purposes of an election; or
- That I will throughout the hours of polling on election day be travelling under conditions which will preclude me from voting at any polling place in New South Wales; or
- That I am seriously ill or infirm or approaching maternity and by reason of such illness or infirmity or approaching maternity will be precluded from attending at any polling place to vote; or
- That I will be, at a place other than a hospital, caring for a person who is seriously ill or infirm or approaching maternity and because of caring for the person will be precluded from attending at any polling place to vote; or
- That I am, because of my membership of a religious order or my religious beliefs, precluded from attending at a polling place; or from voting throughout the hours of polling on election day or throughout the greater part of those hours; or
- That I will, because of being engaged for fee, gain or reward in any work throughout the hours of polling on election day, be precluded from attending at any polling place to vote; or
- That I am a silent elector.

SIGNATURE OR MARK OF APPLICANT

DATE

WITNESS DETAILS

I am of or above the age of 18 years and am not a candidate at this election; I am satisfied as to the identity of the applicant; I have seen the applicant sign the application; and I know, or have satisfied myself by inquiry, that the statements contained in the application are true.

NAME OF WITNESS

ADDRESS OF WITNESS

SIGNATURE OF WITNESS

DATE

OFFICE USE ONLY

Date Received	<input type="text"/>	EMA Application No.	<input type="text"/>	Issuing Officer Signature	<input type="text"/>
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