FORM OF APPLICATION FOR POSTAL BALLOT

The Returning Office			
I,			
son/daughter/wife	of		ar
elector	bearing	serial	numbei
	of	(Ad	dress), ir
part		of the electoral	roll of the
electoral area .			(name of
electoral area) of co	nstituency	((Number and
name of Constituend	cy), intend to cas	st my vote by postal ballot	
Please send	I me a postal b	pallot with the requisite e	envelopes as
required by sub-se	ction (3) of sec	tion 29 of the Represen	tation of the
People Act, 1976,	(LXXXV of 19	76) at the following addres	ss: -
		Cianatura of the anni	lioont
		Signature of the appl N.I.C. No	
EODWADDED			

(Signature and seal of Head of office/Department)