

REFERENDUM ACT 2015

CLAIM FOR INCLUSION IN THE REGISTER OF VOTERS

Form No: _____

Full Name of Claimant:

Maiden Surname:

Identity Card Number:

Date of Birth:

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Place of Birth:

Address:

Contact Telephone:

I declare that the information which appears on this form is correct to the best of my knowledge and belief.

Signed: _____ Date: _____

Name and address of
person applying on behalf
of the Claimant:

Relationship to the
Claimant: