

REFERENDUM ACT 2015
EMERGENCY APPLICATION TO VOTE BY PROXY ON REFERENDUM DAY
24 JUNE 2021

Please write in **BLACK INK** and use **BLOCK CAPITALS**. Please read the notes before completing this form.

1. Your name	
First names in full:	
Surname:	
Date of Birth:	

2. Address where you are registered to vote	3. Your Declaration
	As far as I know, the details on this form are true and accurate. I have asked the person named below who is willing and able to vote for me as proxy
	Signature <div style="border: 1px solid black; height: 80px; width: 100%;"></div> Date:

4. Reason for application			
Please give details of your physical incapacity or the circumstances which prevent you from voting in person:			
Please give the date and time this happened:			
Please confirm the statement is true: (Tick box)	<input type="checkbox"/> I am self-isolating as a result of government or medical practitioner advice which I became aware of after 5pm on the sixth day before the poll.	When did you begin self-isolating?	Time: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Date: <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> DDMMYYYY </div> </div>

5. Proxy Details	
Please complete your proxy's details as fully as possible	
Name:	
Address:	
Family Relationship (if any):	

6. Proxy declaration			
I am capable and willing to be appointed to vote as the applicant's proxy.			
Proxy's signature:		Date:	

7. Support for this application by medical practitioner / employer	
To be completed by the Supporter as fully as possible	
Name of Supporter:	
Address of Supporter:	
Qualification of supporter:	
Date of voter's Incapacity/circumstance Preventing voting:	

8. Supporter's declaration	
<ul style="list-style-type: none"> I am properly qualified to support this application. I am treating the applicant for a physical incapacity that has been sustained after the closing date. The person cannot reasonably be expected to go in person to the allotted voting station or to vote unaided there by reason of that incapacity. The information is true to the best of my knowledge and belief and the person's physical incapacity occurred on the date I entered in section 4. I am the employer of the person. I am self-employed. 	
Supporter's Signature:	
Date:	

9. Please return this form to:
<p align="center">Referendum Administrator for Gibraltar, The Gibraltar Parliament, 156 Main Street, Gibraltar</p> <p align="center">Helpline: (+350) 200 78420; Email: parliament@parliament.gi</p>

Notes:

This application must only be used if you became physically incapacitated or will be absent in relation to occupation, employment or service or you are self-isolating and are applying not later than 5pm on Thursday 24th June 2021.

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| Section 1 | Your first name(s) and surname |
| Section 1 | Your date of birth – if not completed, a vote by proxy cannot be granted |
| Section 2 | Your address on the Register of Voters |
| Section 3 | You must sign and date this section otherwise your application will be rejected |
| Section 4 | Give the details of your physical incapacity or self-isolation |
| Section 5 | Your proxy may sign this section but the proxy application can be allowed without their signature |
| Section 6 | Name and address of your appointed proxy, along with your family relationship to your proxy, if applicable |
| Section 7 | To be completed by a registered medical practitioner. If you are in a residential home or sheltered housing, the matron, home care director or warden may support your application. For occupation, service or employment reasons by your employer (or delegated employee); if self-employed by someone who knows but is not related to you. |
| Section 8 | Your supporter, if required, must sign and date this section otherwise the application will be rejected |
- Your Proxy must be eligible to vote in the Referendum.
 - A person may not act as proxy for more than two voters.