

# Electoral Commission

APPLICATION FOR SPECIAL VOTE IN TERMS OF SECTION 55 OF THE LOCAL  
GOVERNMENT: MUNICIPAL ELECTORAL ACT, 2000 (ACT NO. 27 OF 2000)



**Election Date:**

**Municipality Name:**

**Voting District Number:**

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## Particulars of applicant

**Identity number:**

**Surname:**

**Names:**

**Residential address:**

**Mobile number:**

**Landline number:**

**E- Mail address**


- ☐ I declare that I am unable to cast my vote at my voting station on voting day in the voting district where I am registered as a voter and hereby apply to cast a special vote at my voting station prior to voting day on the day stated in the election timetable.

**OR**

- ☐ I declare that I cannot travel to my voting station due to my physical infirmity or disability and hereby apply to be afforded the opportunity to cast a special vote at the place where I reside within my voting district.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

## OFFICIAL USE ONLY

### Application for special vote at voting station:

Applicant is registered in VD	<b>YES</b>	<b>NO</b>
VD No.		
Application approved	<b>YES</b>	<b>NO</b>

### Application for home visit:

Applicant is registered in VD	<b>YES</b>	<b>NO</b>
VD No.		
Resides in VD	<b>YES</b>	<b>NO</b>
Application Approved	<b>YES</b>	<b>NO</b>

\_\_\_\_\_  
**Signature of Official**

\_\_\_\_\_  
**Date**