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### 1. Elector details Surname **Given names Residential address** for which you claim to be enrolled PO Box, RMD & RSD numbers are **not** acceptable Day Month Year Date of birth **Email address** Mobile Home Contact number 2. Address to send ballot papers

Same as residential address above

| Please send ballot papers for this           |  |
|--|--|
|  |  |
| election/referendum<br>to me at this address |  |
| to me at this address                        |  |

### 3. Elector declaration

I declare that I:

- have not previously voted in this election/referendum; and
- am eligible for a postal vote for one of the following reasons (tick the box that applies):

#### See back of this application for detailed description of reasons

| Distance   |              | Travelling                 |          |       | ss, infirmity or<br>bility                |
|--|--------------|----------------------------|----------|-------|---|
| Advanced<br>pregnancy                              |              | Caring for others          |          | Relig | jion                                      |
| Working  |              | Resident of an institution |          | Man   | er Emergency<br>agement Act 2004<br>ction |
| Signature<br>or mark<br>of elector                 |              |                            |          |       | Date<br>/ /                               |
|  |              |                            |          |       | -   |
| Signature<br>of authorised<br>person or<br>witness | only if elec | tor is unable to sign (s   | ee rever | se)   | Date / /                                  |

| Qualification to apply for a postal vote            |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Distance  | During the hours of polling I am unlikely to be within 8 km from any polling booth.   |  |  |  |  |  |
| Travelling  | During the hours of polling I will be travelling under conditions that preclude my attendance at a polling booth.   |  |  |  |  |  |
| Illness, infirmity<br>or disability                 | I suffer illness, infirmity or disability that will preclude my attendance at a polling booth.  |  |  |  |  |  |
| Advanced<br>pregnancy                               | By polling day my pregnancy will be advanced which will preclude my attendance at a polling booth.  |  |  |  |  |  |
| Caring for others                                   | I am caring for a person who is seriously ill, infirm or disabled which will preclude my attendance at a polling booth.   |  |  |  |  |  |
| Religion  | Membership of religious order or having religious beliefs that will preclude my attendance at a polling booth.  |  |  |  |  |  |
| Working   | I am working during the hours of polling and will not be able to leave my place of work to attend a polling booth.  |  |  |  |  |  |
| Resident of an<br>institution                       | I am a resident of an institution or declared institution being<br>a hospital, convalescent home, nursing home, home for the<br>aged, hostel for the aged or infirm, prison or other place of<br>confinement. |  |  |  |  |  |
| Under Emergency<br>Management Act<br>2004 direction | I am subject to a direction under the <i>Emergency Management</i><br><i>Act 2004</i> requiring me to quarantine or isolate during the<br>hours of polling.  |  |  |  |  |  |

# **Obligations of authorised person or witness**

An authorised person or witness may sign the declaration in the space provided that the person:

- is any person (other than a candidate in the election) who is at least 18 years of age, and
- in the case that the applicant is able to make a distinguishing mark, the authorised person or witness saw the applicant make that **mark** in the space provided for the applicant's signature, or
- in the case that the applicant is incapable of making their mark, a **certificate** from a medical practitioner to that effect has been included with this application

# Availability of ballot papers

Ballot papers cannot be printed until after nominations close.

# **Returning your application**

Completed applications must be received before 5pm on the Thursday preceding polling day either:

By post

Electoral Commission SA Reply Paid 666 ADELAIDE SA 5001 In-person

Electoral Commission SA Level 6, 60 Light Square ADELAIDE SA 5000 By email

ecsa.postalapps@sa.gov.au

Should you need details on how to complete and return your application or the deadline for when applications must be received, go to the Electoral Commission SA website at www.ecsa.sa.gov.au

If you have any queries please contact the Electoral Commission SA enquiry line: 1300 655 232