

Petition to Remove the MP for North Antrim, Ian Paisley

Application to sign the petition by proxy

If you are unable to go to your signing place in person, you can use this form to apply to sign by proxy. Please read these notes carefully before completing the form. If you have any questions please phone the Absent Signing Unit (see below).

The deadline for the receipt of completed applications is 5.00pm on Tuesday 4 September 2018.

Completing the application form

1 Complete your personal details. The information you provide will be compared with the information previously given when you registered to check that they correspond. For further information see the privacy notice on our website or contact us to obtain a paper copy.

2 **Provide the reason for the application.** Indicate why you cannot reasonably be expected to sign in person at your signing place. If the application is because of physical illness provide full details of that illness.

Please ensure you provide sufficient detail to support your application (e.g. exact dates) or your application may be refused.

3 Appoint your proxy and give his/her details. Your proxy must be aged 18 or over before the end of the signing period and a British, Irish or Commonwealth citizen.

A person can only be the proxy for close relatives and up to two other people at this petition. Your proxy must either go to your signing place to sign, or they can sign by post. You must confirm that you have consulted this person and he/she is willing and able to be appointed to sign on your behalf.

4 Sign the form to verify that the information provided is correct.

If you registered online you must also give your **Digital Registration number (DRN)**, your application will not be accepted without it. This number was sent to you by the Electoral Office on a Certificate of Registration when your registration application was approved. If you cannot find this number please contact the Absent Signing Unit (see opposite).

If you registered online and are unable to sign because of a disability or because you are unable to read you should ask someone to complete the witness section. This does not apply if you registered using a paper form.

5 Have the form attested to verify that the reason you have given for requiring a proxy to sign on your behalf is correct. **If your application is not attested it will be refused.**

If the reason is illness, Declaration A must be completed by either a registered medical practitioner (i.e. a doctor), a registered nurse or a Christian Science practitioner. That person must be listed on the electoral register and have seen the applicant in connection with the illness.

For any other reason, Declaration B must be completed by someone who:

- (a) is aged 18 or over;
- (b) resides in the United Kingdom;
- (c) knows you but is not related to you (i.e. not your spouse, civil partner, parent, grandparent, brother, sister, child or grandchild);
- (d) has not attested any other application for this petition.

Returning the form

Return the completed form to the address below **by 5.00pm on Tuesday 4 September 2018.**

Absent Signing Unit
Electoral Office for NI
2nd Floor, 15 Church Street
Belfast BT1 1ER

If you are sending the form by post you must ensure that the correct postage is applied to the envelope. First class post does not guarantee next day delivery and if it is close to the deadline you may wish to hand deliver the application to ensure it is received in time.

You can contact us in one of the following ways:

Absent Signing Helpline: 028 9044 6668

Email: info@eoni.org.uk
Website: www.eoni.org.uk

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Please read the notes carefully before filling in this form.
Please write in black ink and use BLOCK LETTERS.

Making a false statement on this form is a criminal offence.

FOR OFFICE USE ONLY		
WARD	DATE	CODE

1 About you

Surname

First Name

Middle Name(s)

Address where you are currently registered in Northern Ireland

Post Code

Date of Birth / /

National Insurance No.

Tick this box if you have never had a National Insurance Number

Telephone Number (in case of query)

Email address (in case of query)

2 Reason for this application

I cannot reasonably be expected to sign in person at my signing place because:

If on holiday/business please provide exact dates and locations or your application may be refused.

3 Application to sign by proxy

I wish to appoint the following person to act as my proxy. I confirm that I have consulted this person and he/she is willing and able to be appointed to sign on my behalf.

First Name(s)

Surname

Address

Post Code

Proxy's family relationship to you (if any):

Application for your proxy to sign by post

Tick this box if your proxy wishes to sign by post and wants the signing sheet sent to the address at section 1.

If your proxy wishes to receive the signing sheet at a different address complete the following section. You must provide a reason for this. The address must be in the UK.

Address

Post Code

Reason why signing sheet is to be sent to a different address:

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4 Verification

Digital registration number (only required if you registered online)

If you registered online you were sent a Certificate of Registration by the Electoral Office which contains a **Digital Registration Number (DRN)**. This is numerical e.g. 123456. Please give this number, your application will not be accepted without it. **If you cannot find this number please contact the Absent Signing Unit on 028 9044 6668.**

Signature

You must also sign this form in the box below unless you are unable to because of an incapacity or because you are unable to read. **No one else can sign it for you.**

Signature

Date

If you registered online and cannot sign the form because of an incapacity or because you are unable to read, you must ask a witness to fill in the section below for you. This does not apply if you registered using a paper form.

The person whose details are given on this form has told me that the information is correct. That person is unable to sign the form because of an incapacity/because they are unable to read.

Signature of Witness

Address of Witness

5 Attestation – This section must be completed by another person who can attest that the information you have given is correct. Please see note 5 for guidance about which declaration to complete and who can complete it. If your application is not attested it will be refused.

Declaration A

This must be completed where the applicant has stated in Section 2 that they are unable to sign in person at their signing place due to **illness**.

I, (full name of attestor)

certify that:

I am registered as an elector.

I have seen the applicant (give applicant's name)

in connection with the illness specified in Section 2.

To the best of my knowledge and belief the applicant is suffering from the illness specified in Section 2, is likely to be suffering from it during the whole of the signing period and, because of it, cannot reasonably be expected to sign in person at their signing place.

My address

Post Code

Qualification (e.g. doctor/nurse)

Telephone No. (in case of query)

Signature

Declaration B

This must be completed where the applicant has stated in Section 2 that they are unable to sign in person at their signing place for **any reason other than illness**.

I, (full name of attestor)

certify that:

I am aged 18 or over.

I reside in the United Kingdom.

I know (give applicant's name)

but am not his/her spouse, civil partner, parent, grandparent, brother, sister, child or grandchild.

I have not attested any other application for this petition. To the best of my knowledge and belief the information in Section 2 is true.

My address

Post Code

Telephone No. (in case of query)

Signature