

Electoral Identity Card

Declaration by Elected Representative

- **This form must be completed by an Elected Representative, NOT the person making the Electoral Identity Card application**
- Please use CAPITALS when completing this form.
- This declaration must be accompanied by a registration form and colour, passport-sized photo, with the name and date of birth of the applicant written on the back of the photo.
- You must see the applicant in person so that you can check the photo is a true likeness.
- You must sign the declaration and back of the photo personally. By doing so you are confirming that person's identity.
- All sections of the form must be completed and the information provided must be legible, otherwise the application will be rejected.
- You must keep a record of all declarations you complete.

| Elected Representative's details | |
|---|--|
| Full Name (surname and <u>all</u> forenames) | |
| Qualification (e.g. MP, MEP, MLA, Councillor) | |
| Electoral area (e.g. Constituency, District Electoral Area) | |
| Date of birth (DD/MM/YYYY) | |
| Contact telephone number | |

| Declaration by Elected Representative | |
|---|--|
| Name of Electoral ID Card applicant | |
| Address of applicant | |
| <p>I declare that I have seen the above named person in connection with the application. I have examined the photo and satisfied myself that it is a true likeness of the applicant. I have signed this form personally and I have signed the back of the photo. I have made a record of the name of the applicant and the date the declaration was completed.</p> <p>I understand that it is an offence to provide false information in connection with an application for an electoral identity card, that if it is suspected that this declaration is false the matter will be passed to the PSNI and that upon conviction for contravention of section 13CZA of the Representation of the People Act 1983 a person is liable to imprisonment for up to six months, a fine up to £5,000, or to both.</p> | |
| Signature | |
| Date | |

| Office Use Only (for scanned forms) | Checked By (Signature) | Area Office | Date |
|--|------------------------|-------------|------|
| Signature on reverse of photo verified | | | |