

ELECTORAL FORM XII
FORM OF CONSENT TO ACT AS PROXY

TO: The Registration Officer

Constituency.

1

of

(full name)

(address)

refer to the application of

(full name of applicant)

Of

(address of applicant)

Dated

for permission to vote by proxy and hereby consent to act as proxy for that person.

Signed

Date

***Delete whichever is inapplicable.**

NOTE: YOU MAY ONLY BE APPOINTED AS SOMEONE'S PROXY IF YOU ARE AN ELECTOR IN RESPECT OF THE SAME CONSTITUENCY AND YOU MAY NOT BE APPOINTED THE PROXY OF MORE THAN TWO ELECTORS.