

Schedule Ten



Postal Vote Application

This form is for students who wish to apply for a postal vote for the Annual Election and any referendum or by-elections that may be held throughout the year.

Name: _____

Address: _____
_____ Post Code: _____

Contact Number: () _____

Student Number: _____

Degree: _____

Faculty: _____

Status: Full Time Part Time

Gender: Male Female Intergendered

Do you wish to receive a copy of the booklet containing candidate policy statements?
 Yes No

Signature*: _____

** The Returning Officer must compare the signature on this application form with the signature on the envelope that contains any postal votes to verify that the person who has voted is the student who made the application (R81.11).*