



SPECIAL VOTING APPLICATION FORM



I -

Name	
Voter number	
ID Number	
Inkhundla	
Chiefdom	
Polling station	
Contact Number	

Apply to vote on special voting during Primary, Secondary or Primary and Secondary Elections.

The reason I'm applying for special voting is:

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Electoral Officers | <input type="checkbox"/> Foreign Service/Diaspora | <input type="checkbox"/> Other |
| <input type="checkbox"/> EBC Staff | <input type="checkbox"/> Inmate | |
| <input type="checkbox"/> Security Personnel | <input type="checkbox"/> Essential Services | |

Please elaborate

Signature: Applicant

Date

Company or Organisation Stamp

Official Use only

You are hereby notified that your application for a special vote has been:

(Mark the appropriate block):

- Approved Rejected

Reason for rejection

State other reasons for rejection -----

Signature : Head of Secretariat

Date

