## **REC 1/OC**

## **Electoral Commission**

## **APPLICATION FOR REGISTRATION AS A VOTER**



| COMPLETE IN BLOC   | K LETTER    | <u>S</u> |        |        |                         |               |                |               |               |                 |           |      |      |       |      |      |          |                |      |                 |            | SOU      | TH AFF | dCA      |     |
|--|-------------|----------|--------|--------|-------------------------|---------------|----------------|---------------|---------------|-----------------|-----------|------|------|-------|------|------|----------|----------------|------|-----------------|------------|----------|--------|----------|-----|
| I am a South Africa  | n citizen a | nd her   | eby ap | ply    | to be                   | e reç         | giste          | ered          | as            | a vo            | ter o     | outs | side | of t  | he F | Repu | ıblic    | of S           | Sout | h Af            | rica       |          |        |          |     |
| 1) PERSONAL DETAI<br>ID Number   |             |          |        |        |                         |               |                |               |               |                 |           |      |      |       |      |      |          |                |      |                 |            |          |        |          |     |
| Date of Birth  |             |          |        |        |                         |               |                |               |               |                 |           |      |      |       |      |      |          |                |      |                 |            |          |        |          |     |
|  |             | Day      | Mo     | onth   |                         |               | Ye             | ar            |               | _               |           |      |      |       |      |      |          |                |      |                 |            |          |        |          |     |
| Surname  |             |          |        |        |                         |               |                |               |               |                 |           |      |      |       |      |      |          |                |      |                 |            |          |        |          |     |
| Names  |             |          |        |        |                         |               |                |               |               |                 |           |      |      |       |      |      |          |                |      |                 |            |          |        |          |     |
| Hamos  |             |          |        |        |                         |               |                |               |               |                 |           |      |      |       |      |      |          |                |      |                 |            |          |        |          |     |
|  |             |          |        |        |                         |               |                |               |               |                 |           |      |      |       |      |      |          |                |      |                 |            |          |        |          |     |
| Passport Number  |             |          |        |        |                         |               |                |               |               |                 |           |      | 1    |       |      |      |          |                |      |                 |            |          |        |          |     |
|  |             |          |        |        |                         |               |                |               |               |                 |           |      |      |       |      |      |          |                |      |                 |            |          |        |          |     |
| Expiry Date  |             | Day      | M      | onth   |                         |               | Ye             |               |               |                 |           |      |      |       |      |      |          |                |      |                 |            |          |        |          |     |
| 2) Contact Number  |             | Jay      | IVIC   | JIILII |                         |               | 16             | aı            |               |                 |           |      |      |       |      |      |          |                |      | 1               | 1          | 1        |        | 1        |     |
| 2) Contact Number  |             |          |        |        |                         |               |                |               |               |                 |           |      |      |       |      |      |          |                |      |                 |            |          |        |          |     |
| E-Mail Address   |             |          |        |        |                         |               |                |               |               |                 |           |      |      |       |      |      |          |                |      |                 |            |          |        |          |     |
|  |             |          |        |        |                         |               |                |               |               |                 |           |      |      |       |      |      |          |                |      |                 |            |          |        |          |     |
| PHYSICAL ADDRE Street Number House No / Site No Building / Complex N Street Name Suburb Town Country Street Postal Code Provide any additional | lame        |          |        |        |                         |               |                |               |               |                 |           |      |      |       |      |      |          |                |      |                 |            |          |        |          |     |
|  |             | RE       | ΕP     |        | JE                      | 0<br>3L       |                | C             |               | 5 l             | F         |      | S    |       |      |      |          | H<br>H         | Æ    | :<br><b>\ F</b> | <b>-</b> F | RI       | C      | <b>;</b> |     |
| POSTAL ADDRESS   |             |          |        |        |                         |               |                |               |               |                 |           |      |      | 1     |      | 1    | 1        | 1              | 1    | 1               | 1          | 1        | 1      | 1        |     |
| (if different from above   |             |          |        |        |                         |               |                |               |               |                 |           |      |      |       |      |      |          |                |      |                 |            |          |        |          |     |
|  |             |          |        |        | Щ                       |               |                |               |               |                 |           |      |      |       |      |      |          |                |      |                 |            |          |        |          |     |
|  |             |          |        |        |                         |               |                |               |               |                 |           |      |      |       |      |      |          |                |      |                 |            |          |        |          |     |
|  |             |          |        |        |                         |               |                |               |               |                 |           |      |      |       |      |      |          |                |      |                 |            |          |        |          |     |
| Postal Code  |             |          |        |        |                         |               |                |               |               |                 |           |      |      |       |      | -    |          | -              |      | -               | -          | -        |        | -        |     |
| ) DECLARATION  |             |          |        |        |                         |               |                |               |               |                 |           |      |      |       |      |      |          |                |      |                 |            |          |        |          |     |
| I confirm that the ac<br>a false declaration   |             |          |        | not a  | awar                    | e of          | any            | rthin         | g th          | nat w           | oul/      | d d  | isqu | alify | / me | as   | a vo     | oter           | and  | I am            | awa        | are t    | hat    | mak      | ing |
| Signature:   |             |          |        |        |                         |               |                |               |               |                 |           |      |      |       |      |      |          |                |      |                 |            |          |        |          |     |
| OFFICIAL USE ONLY  |             |          |        |        |                         |               |                |               |               |                 |           | _    |      |       |      |      |          |                |      |                 |            |          |        |          |     |
| Temporary Identificatio<br>Certificate   | n           |          |        | V      | For us<br><b>Nhic</b> l | se w<br>h fin | ith fi<br>ger' | nger<br>'s pr | prin<br>int v | t only<br>was t | /<br>take | n?   |      |       |      |      |          | ode l<br>trict |      |                 |            |          |        |          |     |
| Passport checked for v   |             |          |        | 3      | Signa                   | ature         | e of           | offic         | ial           |                 |           |      |      |       | Re   | gist | ratio    | on D           | ate  | 7               | 7          |          |        |          |     |
| Form Quality Assured   | (QA)        |          |        | L      | _                       |               |                |               |               |                 |           |      |      |       | L    | Day  | <u> </u> | M              | onth |                 | 2          | O<br>Yea | ar     |          |     |
| Quality Assurer ID Num   | nber        |          |        |        |                         |               |                |               |               |                 |           |      |      |       |      |      |          |                |      |                 |            |          |        |          |     |