

Appendix 10

Electoral Commission NOTIFICATION AND APPLICATION FOR A SPECIAL VOTE ABROAD FOR NATIONAL BALLOT

Election Date:	Voting District Number:										<u> </u>				
I,															<u> </u>
Surname															
Full Names															
Identity Number															
South African Passport Number											ľ				
hereby notify the Chief Electoral Officer	that I	l will l	be abs	ent fi	om th	ne Re	publi	c on							
(voting day) and wish to apply for and co	ast a	speci	al vote	abro	ad at	the S	South	Afric	an E	mba	issy/	High	Com	miss	ion/
Consulate in														(c	ity)
													(c	ountr	y)
CONTACT DETAILS															
Cell phone Number															
E-Mail Address															
My reason for applying for a special vote is as follows (please mark the applicable block):															
I declare that I will be absent from th	ie Rep	public	on vot	ing da	ay.										
I declare that I will be absent from th services.	ie Rep	public	on vot	ing da	ay and	l will b	oe ser	ving a	as a r	nem	ber o	of the	secu	rity	
Signature of applicant												n-			
Signature of applicant												Da	ite		