

Electoral Commission

APPLICATION FOR SPECIAL VOTE IN TERMS OF SECTION 55 OF THE LOCAL GOVERNMENT: MUNICIPAL ELECTORAL ACT, 2000 (ACT NO. 27 OF 2000)



Election Date:	1 November 2021
Municipality Name:	City of Cape Town

Voting District Number:

9	7	1	3	1	2	5	8
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Particulars of applicant

Identity number:														
Surname:														
Names:														
Residential address:														
Mobile number:														
Landline number:														
E- Mail address														

- I declare that I am unable to cast my vote at my voting station on voting day in the voting district where I am registered as a voter and hereby apply to cast a special vote at my voting station prior to voting day on the day stated in the election timetable.
- OR**
- I declare that I cannot travel to my voting station due to my physical infirmity or disability and hereby apply to be afforded the opportunity to cast a special vote at the place where I reside within my voting district.

Signature of Applicant _____
Date

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Application for special vote at voting station:			Application for home visit:				
	YES	NO		YES	NO		
Applicant is registered in VD			Applicant is registered in VD				
VD No.				VD No.			
Application approved	YES	NO	Resides in VD	YES	NO		
			Application Approved	YES	NO		

Signature of Official _____
Date