## SCHEDULE 4

## **FORMS**

Front of statement

Postal voting statement	[Space for barcode]
Election of Member of Parliament for the [ constituency] constituency	nsert name of
Date of election [day] [date] [name of mont	n] [year]
Important – you must fill in and return this statement with your completed ballot pap counted.	
Please read the instructions carefully and	use a black pen.
* Name Ballot pap	er number
* Returning Officer to insert name but omit where se	nt to an anonymous
(!) Check that the number on the back of your ballo number shown above. If these do not match, cal (insert helpline number).	
I am the person the ballot paper numbe sent to.	red above was
My Date of Birth is:  Day  Month	Year
* My Signature is: (You must sign inside the box) * Returning Officer to omit box where the elector has been granted a waiver	
We will check this information against our recor	ds for security.
It is an offence to vote using a ballot paper that	us for security.