

Lodging an application

Where? An application may be lodged at the Northern Territory Electoral Commission:

- by facsimile to (08) 8999 5845; or
- by hand to 2nd floor, AANT Building, 79 Smith St, Darwin NT 0800 or Suite 4, 16 Leichhardt Tce, Alice Springs NT 0870; or
- by post to the address shown on the prepaid envelope (GPO Box 2419, Darwin NT 0801 or PO Box 2304, Alice Springs NT 0871); or
- NT Regional Centres and Interstate Offices appointed at the time of the NT Legislative Assembly Election.

When? An application remains in force for 3 months from the date of application and may be made at any time before 6pm:

- the Tuesday before polling day for forwarding addresses outside Australia or
- the Thursday before polling day for forwarding addresses within Australia

How? Applications must be made on the approved form and may be lodged by mail, faxed or delivered to one of the electoral offices listed above.

Witnessing an application

Qualifications of witness:

- Within Australia or an external territory - an officer appointed by the Commission or a person enrolled on a roll kept under the Commonwealth Electoral Act or
- Overseas – a person who is at least 18 years old.

Duties of a witness

A witness must:

- be satisfied as to the identity of the applicant;
- see the applicant sign the application; and
- be satisfied that the statements contained in the application are true.

Penalty: 400 Penalty units or imprisonment for 2 years

Privacy Statement

The Northern Territory Electoral Commission requires the information and personal details to issue a postal vote at forthcoming election. Failure to provide the information in full or in any part may result in a postal ballot paper not being issued. All applications for postal votes are available for public inspection for 14 days from and including the third day after polling day.

**Northern Territory
Electoral Commission**



APPLICATION

for

POSTAL BALLOT PAPER

LEGISLATIVE ASSEMBLY ELECTIONS

Contact Information

<p>Northern Territory Electoral Commission 2nd Floor, AANT Building 79 Smith St DARWIN NT 0800 (GPO Box 2419 DARWIN NT 0801) Phone: (08) 8999 5617 Fax: (08) 8999 5845</p>	<p>Electoral Services Centre Suite 4, Leichhardt Building 16 Leichhardt Tce ALICE SPRINGS NT 0870 (PO Box 2304 ALICE SPRINGS NT 0871) Phone: (08) 8951 5838 Fax: (08) 8953 0702</p>
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Email: ntec@nt.gov.au
Web Site: www.ntec.nt.gov.au

Information for an Applicant

You may apply for a postal ballot paper if, during polling hours, you:

- will not be within the Territory or within 20km of a polling place;
- will be travelling under conditions that prevent you voting at a polling place;
- will be unable to attend a polling place because of illness, infirmity or approaching maternity;
- will be at a place (other than a mobile polling place at which you may vote) caring for another person who is seriously ill or infirm or who is expected shortly to give birth;
- are a person whose address has been suppressed from the roll;
- are by reason of your membership of a religious order or religious beliefs prevented from attending at a polling place;
- or
- unable to attend a polling place during polling hours or throughout the greater part of those hours;
- will be engaged in employment and either of the following apply:
 - you are not entitled to leave of absence from work because the absence may cause danger or substantial loss
 - your attendance at a polling place to vote would be likely to cause you financial loss.

Notes for completion of Application		APPLICATION FOR POSTAL BALLOT PAPER			
ELECTOR TO COMPLETE FAMILY NAME and GIVEN NAMES (in full) as they appear on the Electoral Roll	➔	FAMILY NAME			
		GIVEN NAMES			
Your RESIDENTIAL ADDRESS as it appears on the Electoral Roll	➔	ADDRESS ON ROLL			
CONTACT PHONE NUMBER	➔	PHONE NO.	(B/H)	(A/H)	
POSTAL ADDRESS to which Postal Ballot Papers are to be sent	➔	FORWARDING ADDRESS			
DATE OF BIRTH and GENDER	➔	DATE OF BIRTH	DAY	MTH	YEAR
Declaration and signature of Elector	➔	DECLARATION	I declare that I am entitled to apply for a Postal Ballot Paper		
		SIGNATURE OF APPLICANT			
WITNESS TO COMPLETE Name, Address of Witness	➔	(in front of witness)			
		NAME			
		ADDRESS			
Signature and Date	➔	SIGNED BEFORE ME AT		DATE	
		SIGNATURE OF WITNESS			
OFFICE TO COMPLETE		ELECTOR'S DIVISION			
		Certificate Number			
		Date of Issue			
		Issuing Officer's Initial			

