

FORM A	
APPLICATION TO AMEND REGISTER OF ELECTORS	
PART 1	
To the Registration Officer	
I hereby apply to have the Register of Electors for the Electoral District amended as provided in Part 2 below.	
Surname (in capitals)	
Other names	
Address	
PART 2 <i>(Please strike out parts which do not apply)</i>	
A	I apply to have my name added to the Register of Electors
<p>I certify that—</p> <p>(a) I have St. Helenian status, as defined in the Immigration Control Ordinance, 2008, or I am the spouse or life partner of such a person; and</p> <p>(b) I have attained the age of 18 years; and</p> <p>(c) I am both present in St. Helena and ordinarily resident* in the Electoral Area.</p> <p><i>(*If you are temporarily absent from St Helena, please also obtain and complete 'Form B')</i></p>	
B	I apply to change the electoral district in which I will be allowed to vote
<p>My name is currently included in the Register for the Electoral District.; but I wish to vote in theElectoral District</p>	
C	I apply to have my name removed from the Register of Electors
D	I apply to have any other error in the details recorded in the Register of Electors corrected
Please provide details of other error in the Register to be corrected	
E	I apply to have the name of a person who has died, left St. Helena, or who is otherwise ineligible for inclusion, removed from the Register of Electors
<p>The following person's name is currently included in the Register for the Electoral District.</p> <p>I hereby apply for his/her name to be removed from the Register on the following grounds:</p>	
<p>Signature: _____ Date: _____</p>	

Form B	
ELECTIONS ORDINANCE, 2009	
<i>REGISTRATION OF ELECTORS REGULATIONS, 2009</i>	
<i>(Section 4(2))</i>	
DECLARATION FOR PURPOSES OF BEING TREATED AS BEING PRESENT AND ORDINARILY RESIDENT IN ST. HELENA	
To the Registration Officer	
<p>I declare that—</p> <p>(a) I have St. Helenian status / I am or the spouse or life partner of a person who has St. Helenian status*;</p> <p>(b) I am ordinarily resident in St. Helena but am absent therefrom in connection with employment, education, or training (of myself or my spouse or life partner) / for the purposes of medical treatment*; and</p> <p>(c) I have not been absent from St. Helena for a continuous period of 30 months or for periods exceeding in aggregate 625 days in the preceding 30 months.</p> <p>I claim to have my name included in the Register of Electors for the Electoral District.</p> <p><i>(*delete whichever is not applicable)</i></p>	
Surname (in capitals)
Other names
Address
Date	(Signature)