

Form 1

(Regulations 9(1), 36 and 42(1))

APPLICATION/CLAIMS FOR REGISTRATION AS AN ELECTOR

To the Registering Officer for the constituency of

I,

(Full name in BLOCK LETTERS)

of

(Address)

Whose occupation is do hereby apply/claim to be

registered as an elector for the constituency of

and do declare that the particulars entered on the reverse of this FORM are to the best of my knowledge and belief true and correct in all respects.

.....

Signature or mark of applicant

Dated

(The particulars on the reverse of this form must be filled out by or on behalf of the applicant).

The following particulars to be filled out in BLOCK CAPITALS

1. Applicant's name in full
Surname and style of title (Mr., Mrs. or Miss)
Other names
2. (a) Applicant's address on the qualifying date*
Number or Name
Street, road etc.
Town, parish
(b) Applicant's present address if different from above
Number or Name
Street, road etc.
Town, parish
(c) Period of residence in that particular constituency
3. (a) Was applicant aged 18 or over on the qualifying date?*
Yes or no
(b) Applicant's date of birth
- (c) Applicant's height
4. Was applicant a Commonwealth citizen on the qualifying date?*
Yes or no
If "yes"
(a) Was applicant a citizen of Barbados:
(i) by birth; or
- (ii) by registration; or
- (iii) by naturalisation?
- (b) If a Commonwealth but not a citizen of Barbados: of which part of the Commonwealth is the applicant a citizen?
- (c) Period of residence in Barbados
- (d) Applicant's place of birth
5. Occupation of applicant