



* Cross out whichever does not apply

FORM FOR APPLICATION FOR VOTING BY PROXY



FORM MDC.1

ORIGINAL (TO SEND TO PRESIDING OFFICER)
DUPLICATE (TO BE SENT TO PROXY)
TRIPLICATE (TO BE RETAINED BY APPLICATION)

TO:.....
.....
.....

I,
Full Name

.....
Address

Hereby apply to vote by proxy

My proxy is:.....

Who, to the best of my knowledge and information is a Medical/Dental/Practitioner /Physician Assistant/Certified Anaesthetists.

I am a Medical/Dental Practitioner/Physician Assistant/Certified Anaesthetist registered under the said Decree and my number on the Register of Medical and Dental Practitioner is

Practitioner is:.....

Address of Proxy:.....

Date:.....

Signature:.....

Address:.....
.....
.....
.....

* An application for proxy voting shall reach the Electoral Commission not later than Seven (7) days before Election Day.