

**FORM 14**

*[see rule 69N(4)(a) and (6)(b) and (c) and Form 17]*

**DECLARATION BY ELECTOR FOR USE OF POSTAL BALLOT PAPER**

*(This side is to be used only when the elector signs the declaration himself)*

Election to President from Municipal Committee/Council  
..... Or election to member from Ward/Constituency Number  
..... of Municipal Committee/Council .....

I hereby declare that I am the elector to whom the postal ballot paper bearing  
serial number \_\_\_\_\_ has been issued at the above election.

Date \_\_\_\_\_

Signature of the Elector

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTESTATION OF SIGNATURE**

The above has been signed in my presence by \_\_\_\_\_  
(elector) who is personally known to me/has been identified to my satisfaction by  
\_\_\_\_\_ (identifier) who is personally known to me .

Signature of the Identifier

Signature of the Attesting Officer,

If any \_\_\_\_\_

Designation \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

*(This side is to be used when the elector cannot sign himself)*

I hereby declare that I am the elector to whom the postal ballot paper bearing serial number \_\_\_\_\_ has been issued at the above election.

Date \_\_\_\_\_

Signature of Attesting Officer

On behalf of Elector

Address of Elector \_\_\_\_\_

\_\_\_\_\_

**CERTIFICATE**

I hereby certify that –

- (1) the above named elector is personally known to me/has been identified to my satisfaction by \_\_\_\_\_ (identifier) who is personally known to me;
- (2) I am satisfied that the elector is illiterate/suffers from \_\_\_\_\_ (infirmity) and is unable to record his vote himself or sign his declaration.
- (3) I was requested by him to mark the ballot paper and to sign the above declaration on his behalf; and
- (4) The ballot paper was marked and the declaration signed by me on his behalf in his presence and in accordance with his wishes.

Signature of the Identifier

If any \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Signature of the Attesting Officer,

Designation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_