



Application for mobile voting

Last Name:

First Names:

Phone Number:

Any name used previously:

Date of Birth:

On polling day I will be:

- A resident of Nauru Correctional Centre
OR
- A patient in RON Hospital
OR
- In my home and I have attached a Doctor's Certificate to support my application.

Home Address:

..... Dated: | |
Signature of Voter

Office Use only

Date received in office: | |

Voter on Roll

ID Number:

Added to mobile polling register list

Registered District:

Voter not on roll

Processing Officer:

Sent Rejection letter

Date: | |