

**ELECTIONS ACT, CAP. 162**

**THE ELECTION REGISTRATION REGULATIONS, 1984**

**FORM NO. 1**

**(Regulation 3)**

**FORM OF APPLICATION**

To the Registration Officer,

----- Electoral District.

I hereby make this application to have ins name which is given below entered in the List of

Voters for the Electoral District of -----

Polling Division -----

The particulars in respect of my application are stated below:

**(1)** My full name - Mr.\*/Mrs.\*/Miss.\*-----

**(2)** Qualifying address where I am ordinarily resident /domiciled\*

(i) Street: -----

(ii) Village\*/Town \*: -----

(iii) Post Office Box: -----

Age:

**(3)**

(i) Years:----- Months: -----

(ii) Date of Birth: -----

**(4)**

Occupation: -----

**(5)** Any other particulars: -----

**(6)** I hereby state that:-----

**(a) (i)** I am a citizen of Saint Christopher and Nevis of the age of eighteen (18) years or upwards

**(ii)** I sun ordinarily resident/domiciled\* at the address mentioned in item (2) above:

**(iii)** I have not made an application for registration under any other address in the above mentioned electoral district or in any other electoral district.

**(b)** In the case of a Commonwealth Citizen -

I am a Commonwealth Citizen of the age of eighteen (18) years or upwards

**(i)**

I have resided in St. Christopher and Nevis for a period of at least 12 months

**(ii)** immediately before the date of registration and I am resident in Saint Christopher and Nevis at this time.

DECLARATION

**I HEREBY** DECLARE that the above application is true in all PARTICULARS and that I am qualified to be registered as a voter for the above mentioned electoral district.

-----Signature or Mark of Applicant

-----Witness\*\*

Date: -----

\* Delete words which are not applicable

\*\* Where a mark is made it must be witnessed