**ELECTION OF BOARD MEMBERs – 30TH OCTOBER 2024**

**APPLICATION FOR ABSENTEE VOTE**

**Applicant’s Details**

**Surname:………………………………………………………………………………..**

**First Name:……………………………………………………………………………...**

**Postal Address…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Email Address:……………………………………………………………………………**

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**Signature of Member**

**Date of Application……………………………………………………**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Witness**

**Name of Witness……………………………………………………….**

**(Note: The witness must be a member of the hospital)**

**Office Use Only**

**Voting Paper Issued On:………………………………………………**