
GOVERNMENT NOTICE

ELECTORAL COMMISSION**No. R. 816****25 October 2013****ELECTORAL ACT 73 of 1998****AMENDMENT TO THE REGULATIONS CONCERNING THE REGISTRATION OF
VOTERS, 1998****CORRECTION NOTICE of 2013****AMENDMENT REGULATIONS CONCERNING THE REGISTRATION OF
VOTERS, 1998**

The Electoral Commission hereby in terms of section 100 of the Electoral Act 1998 (Act No. 73 of 1998) effect a correction to Appendix 1 of the Amendment Regulations Concerning the Registration of Voters, 1998 published in Government Gazette Number 36961, Government Notice No. 10043, dated 22 October 2013 as per the attached schedule:

SCHEDULE

1. Replace Appendix 1 with the following Appendix:

“Appendix 1

(Appendix 1 substituted by GN R 15 of 7 January 2004)

APPLICATION FOR REGISTRATION AS A VOTER

REC 1 **Electoral Commission**
APPLICATION FOR REGISTRATION AS A VOTER
 COMPLETE IN BLOCK LETTERS



I am a South African citizen and hereby apply to be registered as a voter:

① **PERSONAL DETAILS**
 ID Number
 Date of Birth
Day Month Year
 Surname
 Names
 Details of disability (if applicable)
 ② Cellphone Number (Optional)
 E-Mail Address (Optional)

③ **PHYSICAL ADDRESS**
OPTION1: GENERALLY URBAN TYPE ADDRESS
 I ordinarily reside at the following address:
COMPLETE ONLY ONE PHYSICAL ADDRESS (I.E. OPTION 1 OR 2) AND THE POSTAL ADDRESS:
 Street Number
 Flat No / House No
 Flat / Complex Name
 Street Name
 Suburb
 Town
 Street Postal Code Latitude (Optional) Longitude (Optional)

PHYSICAL ADDRESS
OPTION2: GENERALLY RURAL TYPE ADDRESS
 Street Number (if available)
 House No/Farm No/ Plot No
 Village/Isigoti/Farm Name
 Tribal Authority/Admin Area
 Town
 Street Postal Code Latitude (Optional) Longitude (Optional)

④ **POSTAL ADDRESS**
 (if different from above)
 Postal Code

⑤ **DECLARATION**
 I confirm that the address is correct; I am not aware of anything that would disqualify me as a voter and I am aware that making a false declaration is a criminal offence.

Signature, mark or left thumb print.

ENGLISH
 This form is available in all official languages on request.

OFFICIAL USE ONLY

Temporary Identification Certificate <input type="checkbox"/>	For use with fingerprint only Which finger's print was taken? <input type="text"/>	Paste barcode here Voting District <input type="text"/>
Form Quality Assured (QA) <input type="checkbox"/>	Signature of official <input type="text"/>	Registration Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Day Month Year</small>
Quality Assurer ID Number <input type="text"/>		

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